

Hillebrandt, Kathie A HLTH:EX

Subject: December 1 Bilateral Meeting with the DM of Health - CGPA

Start: Thu 2011-12-01 3:35 PM
End: Thu 2011-12-01 4:25 PM

Recurrence: (none)

Meeting Status: Accepted

Organizer: Sieben, Nikki HLTH:EX
Required Attendees: Whitmarsh, Graham HLTH:EX; Bethel, John HLTH:EX; Nakagawa, Bob HLTH:EX; McKnight, Elaine L HLTH:EX; dcrawford@Heenan.ca

When: Thursday, December 1, 2011 3:35 PM-4:25 PM (GMT-08:00) Pacific Time (US & Canada).

Note: The GMT offset above does not reflect daylight saving time adjustments.

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FW: December 1
Bilateral Meeti...

Hillebrandt, Kathie A HLTH:EX

From: Sieben, Nikki HLTH:EX
Sent: Wednesday, November 9, 2011 8:17 AM
To: 'jim@canadianGENERICs.ca'
Cc: 'dcrawford@Heenan.ca'; Daniels, Carrie HLTH:EX; Partington, Nicole HLTH:EX
Subject: FW: December 1 Bilateral Meeting with the DM of Health

Importance: High

Hello Mr. Keon,

I am pleased to confirm CGPA's time to meet with the Deputy Minister Graham Whitmarsh following the Multilateral Stakeholder Session on December 1.

This meeting will take place from 3:35 – 4:25 pm in the Tweedsmuir Room at the Fairmont Hotel Vancouver.

As previously mentioned, we anticipate that the format for this meeting will be the same as in previous years:

Opening Presentation from CGPA	5-10 minutes
Comments from Graham Whitmarsh, Deputy Minister of Health	5 minutes
General discussion on three priorities identified by CGPA	25-30 minutes
Closing Remarks from CGPA	5 minutes
Closing Remarks from the Deputy Minister	5 minutes

Ministry of Health Participants

- Graham Whitmarsh, Deputy Minister
- John Bethel, Chief Administrative Officer
- Bob Nakagawa, Assistant Deputy Minister, Pharmaceutical Services
- Elaine McKnight, Assistant Deputy Minister, Planning and Innovation Division
- Nikki Sieben, Executive Director, Stakeholder Relations and Transformation Branch

If you would like any other Ministry officials to attend, please let me know. I will be present during the meeting to facilitate and record the action items that arise.

CGPA Participants

Could you please provide the names of those who will be attending on behalf of CGPA, and indicate who will be making the opening and closing remarks By **Tuesday, November 15**? The maximum number of individuals for this meeting is limited to ten representatives from CGPA.

This email will be followed up with an official calendar invite. Thank you and I look forward to hearing from you soon.

Regards,
Nikki

Hillebrandt, Kathie A HLTH:EX

Subject: PSA update - John Bethel/Bob Nakagawa/Mitch Moneo/Dennis Chan/Dean Crawford/Jim Keon

Location: S15, S17 Participant S15, S17 John will Moderate

Start: Thu 2011-11-10 11:00 AM

End: Thu 2011-11-10 11:30 AM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Bethel, John HLTH:EX

Required Attendees: Nakagawa, Bob HLTH:EX; Moneo, Mitch HLTH:EX; Chan, Dennis HLTH:EX; Crawford, Dean (Heenan Blaikie); jim@canadiangenerics.ca

Categories: Phone Call

Hillebrandt, Kathie A HLTH:EX

Subject: T/C CGPA update - Dean Crawford/Bob Nakagawa/Dennis Chan/Woody Turnquist (John Bethel optional)
Location: Dial-in S15, S17 Participant S15, S17 Woody is the Moderator
Start: Tue 2011-10-11 3:30 PM
End: Tue 2011-10-11 4:00 PM
Recurrence: (none)
Meeting Status: Meeting organizer
Organizer: Bethel, John HLTH:EX
Required Attendees: Nakagawa, Bob HLTH:EX; Turnquist, Woodrow HLTH:EX; Chan, Dennis HLTH:EX; 'Crawford, Dean (Heenan Blaikie)'
Optional Attendees: Bethel, John HLTH:EX
Categories: Phone Call

Hillebrandt, Kathie A HLTH:EX

Subject: Dean Crawford (Heenan Blaikie)/John/Woody/Bob N/Dennis/Jim Keon via phone - discuss Pharmacy Services Agreement

Location: Small Boardroom 420 - 700 W Pender OR by T/C S17, S15 **Participant ID** S15, S17
(John will be moderator)

Start: Fri 2011-08-19 11:45 AM
End: Fri 2011-08-19 12:15 PM
Show Time As: Out of Office

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Bethel, John HLTH:EX
Required Attendees: Turnquist, Woodrow HLTH:EX; 'Crawford, Dean (Heenan Blaikie)'; Nakagawa, Bob HLTH:EX
Optional Attendees: Chan, Dennis HLTH:EX

Hillebrandt, Kathie A HLTH:EX

Subject: Minister de Jona meeting - Jim Keon, President, Canadian Generic Pharmaceutical Assoc
Location: S15, S17
Start: Wed 2011-06-08 1:30 PM
End: Wed 2011-06-08 2:00 PM
Show Time As: Out of Office
Recurrence: (none)
Meeting Status: Accepted
Organizer: Whitmarsh, Graham HLTH:EX
Required Attendees: Nakagawa, Bob HLTH:EX; Bethel, John HLTH:EX; Chan, Dennis HLTH:EX

When: Wednesday, June 8, 2011 1:30 PM-2:00 PM (GMT-08:00) Pacific Time (US & Canada).
Where S15, S17

Note: The GMT offset above does not reflect daylight saving time adjustments.

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DM not attending

Hillebrandt, Kathie A HLTH:EX

Subject: T/C Dean Crawford - Cdn Generic Pharmacy Association CGPA
Location: Dean will call Linda's number

Start: Tue 2011-04-19 10:00 AM
End: Tue 2011-04-19 10:30 AM

Recurrence: (none)

Organizer: Bethel, John HLTH:EX

Categories: Phone Call

Hillebrandt, Kathie A HLTH:EX

Subject: Breakfast - Dean Crawford/John
Location: Shine Cafe - Blanshard & Johnson

Start: Tue 2011-10-18 7:00 AM
End: Tue 2011-10-18 7:50 AM
Show Time As: Out of Office

Recurrence: (none)

Organizer: Bethel, John HLTH:EX

Hillebrandt, Kathie A HLTH:EX

Subject: Ongoing PSA Discussions
Location: T/C S15, S17 Participant ID S15, S17 (Woody will Moderate)
Start: Tue 2011-10-18 12:00 PM
End: Tue 2011-10-18 12:30 PM
Recurrence: (none)
Meeting Status: Accepted
Organizer: Turnquist, Woodrow HLTH:EX
Required Attendees: Bethel, John HLTH:EX; Nakagawa, Bob HLTH:EX; 'Crawford, Dean (Heenan Blaikie)'; 'jim@canadiangenerics.ca'
Categories: Phone Call

No Material (KH)

When: Tuesday, October 18, 2011 12:00 PM-12:30 PM (GMT-08:00) Pacific Time (US & Canada).
Where: T/C S15, S17 Participant ID S15, S17 Woody will Moderate)

Note: The GMT offset above does not reflect daylight saving time adjustments.

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Hillebrandt, Kathie A HLTH:EX

Subject: T/C PSA Discussion followup from Oct 28 - Dean Crawford/Jim Keon/John Bethel/Bob Nakagawa/Woody Turnquist/Dennis Chan
Location: S15, S17 Participant ID S15, S17 John Bethel is Moderator
Start: Mon 2011-10-31 8:30 AM
End: Mon 2011-10-31 9:00 AM
Recurrence: (none)
Meeting Status: Meeting organizer
Organizer: Bethel, John HLTH:EX
Required Attendees: Nakagawa, Bob HLTH:EX; Turnquist, Woodrow HLTH:EX; Chan, Dennis HLTH:EX; Crawford, Dean (Heenan Blaikie); jim@canadiangenerics.ca
Categories: Phone Call

Hillebrandt, Kathie A HLTH:EX

Subject: Dean Crawford (Heenan Blaikie)/John/Woody/Bob N/Dennis/Jim Keon via phone - discuss Pharmacy Services Agreement

Location: Small Boardroom 420 - 700 W Pender OR by T/C S15, S17 Participant ID: S15, S17
(John will be moderator)

Start: Fri 2011-08-19 11:45 AM

End: Fri 2011-08-19 12:15 PM

Show Time As: Out of Office

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Bethel, John HLTH:EX

Required Attendees: Turnquist, Woodrow HLTH:EX; Crawford, Dean (Heenan Blaikie); Nakagawa, Bob HLTH:EX

Optional Attendees: Chan, Dennis HLTH:EX

Hillebrandt, Kathie A HLTH:EX

Subject: T/C Dean Crawford - Cdn Generic Pharmacy Association CGPA
Location: Dean will call Linda's number

Start: Tue 2011-04-19 10:00 AM
End: Tue 2011-04-19 10:30 AM

Recurrence: (none)

Organizer: Bethel, John HLTH:EX

Categories: Phone Call

Hillebrandt, Kathie A HLTH:EX

Subject: Lunch meeting with Dean Crawford
Location: restaurant at the Fairmont Pacific.

Start: Thu 2011-02-03 12:00 PM
End: Thu 2011-02-03 1:00 PM
Show Time As: Out of Office

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Bethel, John HLTH:EX
Required Attendees: Crawford, Dean (Heenan Blaikie)

Hillebrandt, Kathie A HLTH:EX

Subject: John Bethel, Bob Nakagawa, Woody Turnquist, Paul Mochrie, Jim Keon, Dean Crawford RE: Generic Exemption & impact on announced generic drug savings.

Location: John's Office - 5th Floor, 1515 Blanshard, Victoria or conf cal S15, S17 Participate ID S15, S17

Start: Tue 2011-01-11 2:00 PM

End: Tue 2011-01-11 3:00 PM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Bethel, John HLTH:EX

Required Attendees: Nakagawa, Bob HLTH:EX; Turnquist, Woodrow HLTH:EX; Mochrie, Paul HLTH:EX; 'Crawford, Dean (Heenan Blaikie)'; jim@canadiangenerics.ca

Hillebrandt, Kathie A HLTH:EX

Subject: T/C CGPA Ministry update on Generic Drugs - Dean Crawford/Jim Keon/John Bethel/Bob Nakagawa/Mitch Moneo/Woody Turnquist
Location: John's office S15, S17 Conference S15, S17 Woody is Moderator
Start: Mon 2012-01-23 1:30 PM
End: Mon 2012-01-23 2:30 PM
Recurrence: (none)
Meeting Status: Meeting organizer
Organizer: Bethel, John HLTH:EX
Required Attendees: Nakagawa, Bob HLTH:EX; Turnquist, Woodrow HLTH:EX; Moneo, Mitch HLTH:EX
Categories: Phone Call

Turnquist, Woodrow HLTH:EX

From: Crawford, Dean (Heenan Blaikie) [DCrawford@Heenan.ca]
Sent: Tuesday, January 11, 2011 9:30 AM
To: Bethel, John HLTH:EX; Nakagawa, Bob HLTH:EX; Mochrie, Paul HLTH:EX; Turnquist, Woodrow HLTH:EX
Cc: Hillebrandt, Kathie A HLTH:EX; Jim Keon; Andrew van der Gugten; Art Tramonte
Subject: Phone Call today
Attachments: PSA Exceptions Summary for Round 1 (October 2010 - June 2011)-Sort.xlsx

Bob, John, Paul and Woody,

CGPA has undertaken an analysis of the the prices BC PharmaCare obtained during the 2010 call for submissions. In particular, we've taken the data you provided to us on the exceptions granted in BC. We've compared the prices BC obtained on the exception products with the prices Ontario obtained. As you will note in the attached spreadsheet, in the vast majority of cases where there is a director comparison in Ontario, BC obtained the same price as Ontario. Where BC's exception price is higher than in Ontario, in the majority of cases the price is very close.

We look forward to discussing the exceptions process, this data and the implications with you during our call at 2 pm today.

In addition, we hope there will be time to discuss the following:

1. Brand prices used to determine generic pricing.
2. Delisting process.
3. Current backlog in BC in listing generic products.

Thanks, and we will talk to you later today.



Dean A. Crawford
Partner
HEENAN BLAIKIE LLP



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Ce courriel pourrait contenir des renseignements confidentiels ou privilégiés. Si vous n'êtes pas le véritable destinataire, veuillez nous en aviser immédiatement. Merci.

Estimate of Incremental Cost of Exceptions to the MALP for Round 1 (October 2010 - June 2011)

LCA CAT	LCA Description	MALP	New Full Benefit List Price	Expenditure Estimate Under MALP	Expenditure Estimate Under New FB LP	Incremental Cost of Exception to MALP (Column F - E)	ODB Benefit Price	ODB Generic Manufactureres	BC/ODB
247	FLUOROMETHOLONE DRP 0.1%	\$1.2740	\$1.7345	\$15,948	\$21,712	\$5,763	\$1.7400	Alcon	100%
798	MORPHINE INJ 50MG/ML	\$1.3706	\$3.2142	\$154,231	\$361,686	\$207,456	\$3.2200	Sandoz	100%
312	INDOMETHACIN SUP 100MG	\$0.7079	\$0.8910	\$11,976	\$15,073	\$3,097	\$0.8919	ratio,Sandoz	100%
724	FLUCINONIDE ONT 0.05%	\$0.2529	\$0.3370	\$7,867	\$10,484	\$2,617	\$0.3373	Taro	100%
57	BETAMETHASONE DIPROP CRM 0.05%	\$0.1023	\$0.2047	\$1,592	\$3,187	\$1,595	\$0.2048	Taro	100%
692	HYDROMORPHONE INJ 50MG/ML	\$5.2480	\$9.7334	\$321,384	\$596,067	\$274,683	\$9.7335	Sandoz	100%
4	ACETAZOLAMIDE TAB 250MG	\$0.0651	\$0.1237	\$16,071	\$30,537	\$14,466	\$0.1237	Apotex	100%
9	ALLOPURINOL TAB 100MG	\$0.0541	\$0.0780	\$74,046	\$106,757	\$32,712	\$0.0780	Apotex, Teva	100%
10	ALLOPURINOL TAB 200MG	\$0.0880	\$0.1300	\$126,776	\$187,283	\$60,507	\$0.1300	Apotex, Teva	100%
11	ALLOPURINOL TAB 300MG	\$0.1468	\$0.2125	\$176,777	\$255,893	\$79,116	\$0.2125	Apotex, Teva	100%
17	AMITRIPTYLINE TAB 10MG	\$0.0363	\$0.0664	\$87,317	\$159,721	\$72,404	\$0.0664	Apotex	100%
18	AMITRIPTYLINE TAB 25MG	\$0.0691	\$0.1211	\$153,134	\$268,373	\$115,239	\$0.1211	Apotex	100%
19	AMITRIPTYLINE TAB 50MG	\$0.1283	\$0.2347	\$228,745	\$418,446	\$189,700	\$0.2347	Apotex	100%
25	AMOXICILLIN CAP 250MG	\$0.0945	\$0.1750	\$30,611	\$56,687	\$26,076	\$0.1750	Apotex, Mylan, Teva	100%
26	AMOXICILLIN CAP 500MG	\$0.1927	\$0.3417	\$328,164	\$581,908	\$253,744	\$0.3417	Apotex, Mylan, Teva	100%
27	AMOXICILLIN SUS/PWR 25MG	\$0.0180	\$0.0353	\$11,354	\$22,267	\$10,913	\$0.0353	Apotex, Teva	100%
28	AMOXICILLIN SUS/PWR 50MG	\$0.0288	\$0.0540	\$42,993	\$80,613	\$37,621	\$0.0540	Apotex, Teva	100%
49	BECLOMETHASONE AQ NAS SPR 50MCG	\$0.0455	\$0.0613	\$260,256	\$350,630	\$90,375	\$0.0613	Mylan	100%
51	BENAZEPRIL TAB 10MG	\$0.4396	\$0.6595	\$7,855	\$11,784	\$3,929	\$0.6595	Apotex	100%
52	BENAZEPRIL TAB 20MG	\$0.5045	\$0.7567	\$14,748	\$22,121	\$7,372	\$0.7567	Apotex	100%
53	BENAZEPRIL TAB 5MG	\$0.3718	\$0.5577	\$2,264	\$3,395	\$1,132	\$0.5577	Apotex	100%
55	BETAMETHASONE VALERATE CRM 0.05%	\$0.0077	\$0.0611	\$2,836	\$22,505	\$19,669	\$0.0611	ratio,Taro	100%
58	BETAMETHASONE DIPROP LOT 0.05%	\$0.0950	\$0.1980	\$2,220	\$4,440	\$2,221	\$0.1980	ratio	100%
65	BETAMETHASONE ONT 0.05%	\$0.0077	\$0.0606	\$576	\$4,532	\$3,956	\$0.0606	Taro	100%
66	BETAMETHASONE ONT 0.1%	\$0.0114	\$0.0903	\$8,389	\$66,447	\$58,059	\$0.0903	Taro	100%
67	BETAMETHASONE SCALP LOT 0.1%	\$0.0427	\$0.0853	\$38,180	\$76,269	\$38,089	\$0.0853	ratio,Taro	100%
71	BISACODYL SUP 10MG	\$0.3789	\$0.4681	\$1,343	\$1,659	\$316	\$0.4681	ratio	100%
83	CEPHALEXIN CAP 250MG	\$0.1733	\$0.2250	\$1,864	\$2,420	\$556	\$0.2250	Teva	100%
84	CEPHALEXIN CAP 500MG	\$0.3548	\$0.4500	\$11,364	\$14,414	\$3,049	\$0.4500	Teva	100%
87	CEPHALEXIN TAB 250MG	\$0.1598	\$0.2250	\$51,359	\$72,316	\$20,957	\$0.2250	Apotex	100%
88	CEPHALEXIN TAB 500MG	\$0.3205	\$0.4500	\$447,812	\$628,753	\$180,941	\$0.4500	Apotex	100%
92	CHLORDIAZEPOXIDE CAP 10MG	\$0.0402	\$0.1070	\$2,185	\$5,815	\$3,630	\$0.1070	Apotex	100%
93	CHLORDIAZEPOXIDE CAP 25MG	\$0.0620	\$0.1658	\$2,114	\$5,652	\$3,538	\$0.1658	Apotex	100%
94	CHLORDIAZEPOXIDE CAP 5MG	\$0.0569	\$0.0679	\$1,461	\$1,743	\$282	\$0.0679	Apotex	100%

LCA CAT	LCA Description	MALP	New Full Benefit List Price	Expenditure Estimate Under MALP	Expenditure Estimate Under New FB LP	Incremental Cost of Exception to MALP (Column F - E)	ODB Benefit Price	ODB Generic Manufacturers	BC/ODB
104	CHLORTHALIDONE TAB 50MG	\$0.0653	\$0.1242	\$7,309	\$13,902	\$6,593	\$0.1242	Apotex	100%
126	CLONIDINE TAB 0.1MG	\$0.0927	\$0.1358	\$88,127	\$129,099	\$40,973	\$0.1358	Apotex, Teva, NuPhar	100%
127	CLONIDINE TAB 0.2MG	\$0.1653	\$0.2424	\$37,047	\$54,326	\$17,279	\$0.2424	Apotex, Teva, NuPhar	100%
129	CLORAZEPATE CAP 3.75MG	\$0.0777	\$0.1476	\$760	\$1,444	\$684	\$0.1476	Apotex	100%
133	CLOTTRIMAZOLE VAG CRM 20MG/GM	\$0.2338	\$0.3500	\$3,599	\$5,389	\$1,790	\$0.3500	Taro	100%
134	CLOTTRIMAZOLE VAG CRM 50MG/GM (10MG?)	\$0.1169	\$0.1750	\$6,011	\$8,998	\$2,987	\$0.1750	Taro	100%
136	CLOXACILLIN CAP 250MG	\$0.0974	\$0.1850	\$6,149	\$11,680	\$5,531	\$0.1850	Apotex, Teva	100%
137	CLOXACILLIN CAP 500MG	\$0.1831	\$0.3498	\$35,741	\$68,280	\$32,539	\$0.3498	Apotex, Teva	100%
138	CLOXACILLIN PWR/SOL 25MG/ML	\$0.0252	\$0.0450	\$2,395	\$4,278	\$1,883	\$0.0450	Apotex, Teva	100%
143	CODEINE 30/ACET 300/TAB	\$0.1001	\$0.1300	\$380,511	\$494,170	\$113,659	\$0.1300	ratio	100%
147	CODEINE 60/ACET 300 TAB	\$0.0938	\$0.1384	\$36,833	\$54,345	\$17,513	\$0.1384	ratio	100%
148	CODEINE PHOS SYR 5MG/ML	\$0.0159	\$0.0196	\$3,762	\$4,639	\$876	\$0.0196	ratio	100%
149	CODEINE PHOS TAB 15MG	\$0.0523	\$0.0542	\$1,886	\$1,955	\$69	\$0.0542	ratio	100%
150	CODEINE PHOS TAB 30MG	\$0.0621	\$0.0773	\$59,040	\$73,491	\$14,451	\$0.0773	ratio	100%
170	DIAZEPAM TAB 10MG	\$0.0785	\$0.0867	\$64,983	\$71,773	\$6,789	\$0.0867	Apotex	100%
203	DOXEPIN CAP 10MG	\$0.1606	\$0.1889	\$20,846	\$24,519	\$3,673	\$0.1889	Apotex	100%
206	DOXEPIN CAP 25MG	\$0.1970	\$0.2140	\$45,686	\$49,629	\$3,943	\$0.2140	Apotex	100%
207	DOXEPIN CAP 50MG	\$0.3654	\$0.3971	\$62,792	\$68,238	\$5,446	\$0.3971	Apotex	100%
225	ERYTHROMYCIN STEARATE TAB 250MG	\$0.0593	\$0.2118	\$192	\$686	\$494	\$0.2118	Apotex	100%
226	ERYTHROMYCIN STEARATE TAB 500MG	\$0.2695	\$0.5425	\$93	\$187	\$94	\$0.5425	Apotex	100%
227	ERYTHROMYCIN TAB 250MG	\$0.0227	\$0.1828	\$3,360	\$27,057	\$23,697	\$0.1828	Apotex	100%
231	FELODIPINE ER TAB 10MG	\$0.5098	\$0.6925	\$1,019,402	\$1,384,732	\$365,330	\$0.6925	Sandoz	100%
233	FELODIPINE ER TAB 5MG	\$0.3398	\$0.4620	\$881,758	\$1,198,858	\$317,100	\$0.4620	Sandoz	100%
234	FENOFIBRATE CAP 100MG	\$0.3213	\$0.6105	\$28,785	\$54,695	\$25,909	\$0.6105	Apotex	100%
246	FLUNISOLIDE NASAL SPRAY 0.025%	\$0.3960	\$0.5940	\$13,698	\$20,546	\$6,848	\$0.5940	Apotex	100%
250	FLUPHENAZINE INJ 25MG/ML	\$2.3160	\$4.6320	\$2,045	\$4,090	\$2,045	\$4.6320	Phmsce	100%
251	FLUPHENAZINE TAB 1MG	\$0.1211	\$0.1739	\$2,283	\$3,278	\$995	\$0.1739	Apotex	100%
252	FLUPHENAZINE TAB 2MG	\$0.1824	\$0.2252	\$1,725	\$2,933	\$1,208	\$0.2252	Apotex	100%
254	FLURAZEPAM CAP 15MG	\$0.0643	\$0.0810	\$2,407	\$3,032	\$625	\$0.0810	Apotex	100%
255	FLURAZEPAM CAP 30MG	\$0.0753	\$0.0930	\$2,978	\$3,679	\$701	\$0.0930	Apotex	100%
269	GENTAMICIN OPH SOL 0.3%	\$0.2030	\$0.4060	\$2,735	\$5,470	\$2,734	\$0.4060	Schering	100%
270	GENTAMICIN OTIC SOL 0.3%	\$0.5160	\$1.0320	\$999	\$1,997	\$999	\$1.0320	Sandoz	100%
283	HYDRALAZINE TAB 10MG	\$0.0709	\$0.1026	\$31,370	\$45,397	\$14,027	\$0.1026	Apotex	100%
284	HYDRALAZINE TAB 25MG	\$0.1218	\$0.2314	\$85,575	\$162,579	\$77,004	\$0.2314	Apotex	100%
294	HYDROCORTISONE ONT 1%	\$0.0098	\$0.0390	\$1,210	\$4,814	\$3,605	\$0.0390	Taro	100%
297	HYDROMORPHONE TAB 1MG	\$0.0479	\$0.0959	\$45,393	\$90,380	\$45,486	\$0.0959	Phsce	100%

LCA CAT	LCA Description	MALP	New Full Benefit List Price	Expenditure Estimate Under MALP	Expenditure Estimate Under New FB LP	Incremental Cost of Exception to MALP (Column F - E)	ODB Benefit Price	ODB Generic Manufactureres	BC/ODB
298	HYDROMORPHONE TAB 2MG	\$0.0708	\$0.1417	\$121,269	\$242,709	\$121,440	\$0.1417	Phsce	100%
299	HYDROMORPHONE TAB 4MG	\$0.1120	\$0.2240	\$209,005	\$418,010	\$209,005	\$0.2240	Phsce	100%
300	HYDROMORPHONE TAB 8MG	\$0.1764	\$0.3528	\$250,376	\$500,750	\$250,374	\$0.3528	Phsce	100%
305	IMIPRAMINE HCL TAB 10MG	\$0.0721	\$0.1370	\$6,612	\$12,564	\$5,952	\$0.1370	Apotex	100%
308	IMIPRAMINE TAB 50MG	\$0.2538	\$0.3807	\$59,154	\$88,731	\$29,577	\$0.3807	Apotex	100%
313	INDOMETHACIN SUP 50MG	\$0.6468	\$0.8200	\$4,504	\$5,710	\$1,206	\$0.8200	Sandoz	100%
319	ISOSORBIDE DINITRATE TAB 5MG	\$0.0422	\$0.0621	\$225	\$332	\$107	\$0.0621	Apotex	100%
322	KETOPROFEN CAP 50MG	\$0.1776	\$0.3373	\$556	\$1,057	\$501	\$0.3373	Apotex	100%
323	KETOPROFEN EC TAB 100MG	\$0.3591	\$0.6823	\$6,357	\$12,079	\$5,722	\$0.6823	Apotex	100%
324	KETOPROFEN EC TAB 50 MG	\$0.1776	\$0.3373	\$1,707	\$3,242	\$1,535	\$0.3373	Apotex	100%
328	KETOPROFEN SR TAB 200MG	\$0.7310	\$1.3890	\$3,035	\$5,767	\$2,731	\$1.3890	Apotex	100%
358	MEGESTROL TAB 160MG	\$3.0425	\$4.2630	\$107,584	\$150,742	\$43,158	\$4.2630	Apotex	100%
359	MEGESTROL TAB 40MG	\$0.6715	\$1.0073	\$35,635	\$53,454	\$17,820	\$1.0073	Apotex	100%
362	METHOTREXATE TAB 2.5MG	\$0.3163	\$0.6325	\$232,342	\$524,074	\$291,733	\$0.6325	Apotex, ratio	100%
366	METHYLDOPA TAB 125MG	\$0.0516	\$0.0989	\$1,148	\$2,199	\$1,051	\$0.0989	Apotex	100%
378	METRONIDAZOLE TAB 250MG	\$0.0281	\$0.0595	\$17,536	\$37,154	\$19,618	\$0.0595	Apotex	100%
382	NADOLOL TAB 40MG	\$0.1233	\$0.2465	\$37,535	\$75,039	\$37,504	\$0.2465	Apotex, Teva	100%
383	NADOLOL TAB 80MG	\$0.1757	\$0.3515	\$27,392	\$54,799	\$27,407	\$0.3515	Apotex, Teva	100%
387	NAPROXEN SR TAB 750MG	\$0.6476	\$1.0048	\$1,870	\$2,901	\$1,031	\$1.0048	Apotex	100%
389	NAPROXEN TAB 125MG	\$0.0602	\$0.0781	\$125	\$162	\$37	\$0.0781	Apotex	100%
399	NIFEDIPINE TAB 30MG (ER?)	\$0.4994	\$0.6171	\$1,038,398	\$1,283,181	\$244,783	\$0.6171	Mylan	100%
435	PENICILLIN V PWS 100,000U	\$0.0381	\$0.0472	\$3,582	\$4,438	\$856	\$0.0472	Apotex, Teva	100%
436	PENICILLIN V PWS 40,000U	\$0.0206	\$0.0535	\$417	\$1,084	\$667	\$0.0535	Apotex	100%
439	PENICILLIN V TAB 300MG	\$0.0547	\$0.0710	\$38,915	\$50,540	\$11,625	\$0.0710	Apotex, Teva	100%
445	PERPHENAZINE TAB 16MG	\$0.0562	\$0.1274	\$264	\$597	\$334	\$0.1274	Apotex	100%
446	PERPHENAZINE TAB 2MG	\$0.0288	\$0.0626	\$1,726	\$3,751	\$2,025	\$0.0626	Apotex	100%
447	PERPHENAZINE TAB 4MG	\$0.0361	\$0.0758	\$3,409	\$7,158	\$3,748	\$0.0758	Apotex	100%
448	PERPHENAZINE TAB 8MG	\$0.0432	\$0.0832	\$1,025	\$1,974	\$949	\$0.0832	Apotex	100%
470	PREDNISONE TAB 1MG	\$0.0828	\$0.1072	\$99,647	\$129,011	\$29,364	\$0.1072	Apotex, Valeant-Win	100%
472	PREDNISONE TAB 50MG	\$0.0991	\$0.1735	\$13,322	\$23,323	\$10,000	\$0.1735	Apotex, Teva	100%
473	PRIMIDONE TAB 125MG	\$0.0291	\$0.0553	\$3,589	\$6,820	\$3,231	\$0.0553	Apotex	100%
474	PRIMIDONE TAB 250MG	\$0.0670	\$0.0870	\$10,076	\$13,083	\$3,007	\$0.0870	Apotex	100%
475	PROBENECID TAB 500MG	\$0.1451	\$0.1884	\$9,351	\$12,142	\$2,791	\$0.1884	Valeant	100%
485	PROPRANOLOL TAB 120MG	\$0.1627	\$0.3091	\$1,174	\$2,230	\$1,056	\$0.3091	Apotex	100%
507	SALBUTAMOL TAB 2MG	\$0.0707	\$0.1274	\$1,756	\$3,164	\$1,409	\$0.1274	Apotex	100%
524	SPIRONOLACTONE TAB 100MG	\$0.1508	\$0.2417	\$57,263	\$91,779	\$34,516	\$0.2417	Teva	100%

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525	SPIRONOLACTONE TAB 25MG	\$0.0640	\$0.1038	\$190,171	\$308,433	\$118,263	\$0.1038	Teva	100%
526	SPIRONOLACTONE TAB 25MG/PLUS	\$0.0640	\$0.1057	\$14,359	\$23,714	\$9,356	\$0.1057	Teva	100%
527	SPIRONOLACTONE TAB 50MG/PLUS	\$0.1357	\$0.2236	\$3,144	\$5,182	\$2,038	\$0.2236	Teva	100%
534	SULFINPYRAZONE TAB 200MG	\$0.1578	\$0.2997	\$1,231	\$2,338	\$1,107	\$0.2997	Apotex	100%
549	TIMOLOL TAB 10MG	\$0.2064	\$0.2572	\$7,328	\$9,131	\$1,804	\$0.2572	Apotex,Teva,NuPhar	100%
550	TIMOLOL TAB 20MG	\$0.3708	\$0.5005	\$1,131	\$1,527	\$396	\$0.5005	Apotex,Teva	100%
551	TIMOLOL TAB 5MG	\$0.1246	\$0.1649	\$3,856	\$5,103	\$1,247	\$0.1649	Apotex,Teva,NuPhar	100%
562	TRIAMTERENE HCL PLUS TAB 50/25MG	\$0.0238	\$0.0608	\$40,314	\$102,988	\$62,673	\$0.0608	Apotex,Teva	100%
563	TRIAZOLAM TAB 0.125MG	\$0.1024	\$0.1181	\$3,127	\$3,607	\$480	\$0.1181	Apotex,Mylan	100%
564	TRIAZOLAM TAB 0.25MG	\$0.1317	\$0.2086	\$42,272	\$66,955	\$24,683	\$0.2086	Apotex,Mylan	100%
566	TRIFLUOPERAZINE TAB 1MG	\$0.0705	\$0.1340	\$4,016	\$7,634	\$3,618	\$0.1340	Apotex	100%
567	TRIFLUOPERAZINE TAB 10MG	\$0.1469	\$0.2790	\$6,499	\$12,345	\$5,846	\$0.2790	Apotex	100%
568	TRIFLUOPERAZINE TAB 2MG	\$0.0925	\$0.1758	\$10,182	\$19,350	\$9,168	\$0.1758	Apotex	100%
570	TRIFLUOPERAZINE TAB 5MG	\$0.1225	\$0.2328	\$20,626	\$39,189	\$18,563	\$0.2328	Apotex	100%
571	TRIHENXYPHENIDYL TAB 2MG	\$0.0240	\$0.0369	\$3,628	\$5,578	\$1,950	\$0.0369	Apotex	100%
572	TRIHENXYPHENIDYL TAB 5MG	\$0.0405	\$0.0668	\$1,612	\$2,659	\$1,047	\$0.0668	Apotex	100%
574	TRIMETHOPRIM/SULFAMETH TAB 160/800MG	\$0.0611	\$0.1221	\$34,903	\$69,750	\$34,846	\$0.1221	Apotex,Teva,NuPhar	100%
575	TRIMETHOPRIM/SULFAMETH TAB 80/400MG	\$0.0241	\$0.0482	\$7,236	\$14,473	\$7,237	\$0.0482	Apotex,Teva,NuPhar	100%
576	TRIMIPRAMINE CAP 75MG	\$0.3850	\$0.7314	\$5,606	\$10,650	\$5,045	\$0.7314	Apotex	100%
577	TRIMIPRAMINE TAB 100MG	\$0.4881	\$0.9273	\$17,935	\$34,076	\$16,141	\$0.9273	Apotex	100%
578	TRIMIPRAMINE TAB 12.5MG	\$0.1101	\$0.2156	\$4,543	\$8,896	\$4,353	\$0.2156	Apotex	100%
579	TRIMIPRAMINE TAB 25MG	\$0.1381	\$0.2776	\$22,066	\$44,371	\$22,306	\$0.2776	Apotex	100%
580	TRIMIPRAMINE TAB 50MG	\$0.2602	\$0.5434	\$35,738	\$74,649	\$38,911	\$0.5434	Apotex	100%
587	VERAPAMIL TAB 120MG	\$0.2125	\$0.4250	\$4,786	\$9,571	\$4,785	\$0.4250	Apotex,Mylan,NuPhar	100%
588	VERAPAMIL TAB 80MG	\$0.1367	\$0.2735	\$20,532	\$41,078	\$20,546	\$0.2735	Apotex,Mylan,NuPhar	100%
610	SULINDAC TAB 150MG	\$0.2843	\$0.3824	\$775	\$1,042	\$267	\$0.3824	Apotex,Teva,NuPhar	100%
611	SULINDAC TAB 200MG	\$0.3601	\$0.4840	\$3,329	\$4,475	\$1,146	\$0.4840	Apotex,Teva,NuPhar	100%
612	TIAPROFENIC TAB 200MG	\$0.2728	\$0.3437	\$1,108	\$1,397	\$289	\$0.3437	Apotex,Teva	100%
633	ERYTHROMYCIN ETHYLSUCCINATE TAB 600MG	\$0.1877	\$0.3363	\$578	\$1,035	\$457	\$0.3363	Apotex	100%
673	ORCIPRENALINE SULF SYR 2MG/ML	\$0.0302	\$0.0574	\$7,318	\$13,908	\$6,590	\$0.0574	Apotex	100%
682	TRIAMCINOLONE ACETON INJ 10MG/ML	\$1.5430	\$2.0560	\$3,323	\$4,427	\$1,105	\$2.0560	Sandoz	100%
683	TRIAMCINOLONE ACETON INJ 40MG/ML	\$3.5850	\$4.7700	\$29,276	\$39,751	\$9,875	\$4.7700	Sandoz	100%
684	CEFACTOR CAP 250MG	\$0.5103	\$0.9697	\$7,682	\$14,599	\$6,917	\$0.9697	Apotex	100%
685	CEFACTOR CAP 500MG	\$1.0020	\$1.9300	\$4,466	\$8,602	\$4,136	\$1.9300	Apotex	100%
690	HYDROMORPHONE INJ 10MG/ML	\$1.3930	\$2.3380	\$164,317	\$275,788	\$111,471	\$2.3380	Sandoz	100%
691	HYDROMORPHONE INJ 2MG/ML	\$0.5690	\$0.9450	\$52,613	\$87,380	\$34,768	\$0.9450	Sandoz	100%

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693	HYDROMORPHONE INJ 20MG/ML	\$2.2550	\$3.6680	\$14,648	\$23,827	\$9,180	\$3.6680	Sandoz	100%
701	CYPROTERONE ACETATE TAB 50MG TAB	\$0.7043	\$1.4085	\$27,948	\$55,894	\$27,946	\$1.4085	Apotex, Mylan	100%
719	FLUOCINONIDE CRM 0.05%	\$0.2436	\$0.2443	\$33,338	\$33,433	\$95	\$0.2443	Taro	100%
723	FLUOCINONIDE GEL 0.05%	\$0.2442	\$0.3418	\$3,491	\$4,886	\$1,395	\$0.3418	Taro	100%
728	MOCLOBEMIDE TAB 100MG	\$0.2000	\$0.2520	\$2,531	\$3,188	\$657	\$0.2520	Apotex, Teva	100%
729	OFLOXACIN TAB 200MG	\$1.0350	\$1.3041	\$621	\$782	\$161	\$1.3041	Apotex, Teva	100%
792	METHOTRIMEPRAZINE TAB 2MG	\$0.0252	\$0.0685	\$521	\$1,416	\$894	\$0.0685	Apotex	100%
793	MORPHINE SYR 10MG/ML	\$0.0919	\$0.1838	\$11,986	\$25,556	\$13,570	\$0.1838	ratio	100%
794	MORPHINE SYR 1MG/ML	\$0.0100	\$0.0200	\$6,911	\$13,810	\$6,899	\$0.0200	ratio	100%
896	DESMOPRESSIN ACETATE NAS SPR 0.1MG/ML	\$9.4400	\$14.1600	\$366,929	\$550,393	\$183,464	\$14.1600	Apotex	100%
904	MISOPROSTOL TAB 100MCG	\$0.1414	\$0.2584	\$8,762	\$16,012	\$7,250	\$0.2584	Apotex	100%
905	MISOPROSTOL TAB 200MCG	\$0.2355	\$0.4303	\$93,237	\$170,361	\$77,124	\$0.4303	Apotex	100%
906	TRIMETHOPRIM TAB 100MG	\$0.1976	\$0.2566	\$4,879	\$6,336	\$1,457	\$0.2566	Apotex	100%
907	TRIMETHOPRIM TAB 200MG	\$0.4060	\$0.5273	\$3,949	\$5,129	\$1,180	\$0.5273	Apotex	100%
920	NITROGLYCERINE SPR 0.4MG/METERED DOSE	\$0.0350	\$0.0423	\$189,447	\$228,960	\$39,513	\$0.0423	Mylan	100%
941	FLOCTAFENINE TAB 200MG	\$0.3215	\$0.4175	\$208	\$271	\$62	\$0.4175	Apotex	100%
942	FLOCTAFENINE TAB 400MG	\$0.6255	\$0.8123	\$7,898	\$10,256	\$2,358	\$0.8123	Apotex	100%
943	GOLD SODIUM THIOALATE INJ 10MG/ML	\$5.7550	\$6.3100	\$5,436	\$5,960	\$525	\$6.3100	Sandoz	100%
945	GOLD SODIUM THIOALATE INJ 50MG/ML	\$10.8400	\$11.8900	\$52,134	\$57,184	\$5,050	\$11.8900	Sandoz	100%
946	HYDROXYUREA CAP 500MG	\$0.5101	\$1.0203	\$2,170	\$4,340	\$2,170	\$1.0203	Apotex, Mylan	100%
971	METHYLPREDNISOLONE ACETATE 40MG/ML	\$2.6700	\$3.2250	\$16,289	\$19,675	\$3,386	\$3.2250	Sandoz	100%
972	METHYLPREDNISOLONE ACETATE 80MG/ML	\$5.1100	\$6.4500	\$10,175	\$12,843	\$2,668	\$6.4500	Sandoz	100%
976	PIMOZIDE TAB 2MG	\$0.1140	\$0.2279	\$7,554	\$15,100	\$7,547	\$0.2279	Apotex	100%
977	PIMOZIDE TAB 4MG	\$0.2058	\$0.4136	\$3,737	\$7,474	\$3,737	\$0.4136	Apotex	100%
1019	AMILORIDE HCL TAB 5MG	\$0.1501	\$0.2717	\$13,059	\$23,639	\$10,579	\$0.2717	Apotex	100%
1052	MEDROXYPROGESTERONE TAB 100MG	\$0.6227	\$0.9153	\$3,349	\$4,923	\$1,574	\$0.9153	Apotex	100%
1057	CYCLOSPORINE CAP 50MG	\$1.4135	\$1.9400	\$100,044	\$137,308	\$37,264	\$1.9400	Sandoz	100%
1062	ISOTRETINOIN CAP 10MG	\$0.4657	\$0.9313	\$15,366	\$30,729	\$15,363	\$0.9313	Mylan	100%
1063	ISOTRETINOIN CAP 40MG	\$0.9502	\$1.9003	\$74,088	\$148,168	\$74,080	\$1.9003	Mylan	100%
1077	FLECAINIDE ACETATE TAB 50MG	\$0.2637	\$0.3956	\$13,774	\$20,665	\$6,891	\$0.3956	Apotex	100%
1078	FLECAINIDE ACETATE TAB 100MG	\$0.5274	\$0.7912	\$8,721	\$13,084	\$4,363	\$0.7912	Apotex	100%
1080	MIDODRINE HCL TAB 2.5MG	\$0.2623	\$0.3378	\$12,105	\$15,588	\$3,484	\$0.3378	Apotex	100%
1081	MIDODRINE HCL TAB 5MG	\$0.4431	\$0.5630	\$21,453	\$27,258	\$5,805	\$0.5630	Apotex	100%
1109	LACTULOSE SYRUP	\$0.0113	\$0.0145	\$27,803	\$35,676	\$7,874	\$0.0145	Apotex, ratio	100%
1140	ONDANSETRON SOLUTION 4MG/5MG	\$1.0221	\$1.4614	\$49,886	\$71,327	\$21,441	\$1.4614	Apotex	100%
1165	GRANISETRON TAB 1MG	\$7.5600	\$13.5000	\$22,976	\$41,027	\$18,051	\$13.5000	Apotex	100%

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1168	LEVODOPA/CARBIDOPA CR TAB 100MG/25MG	\$0.3520	\$0.5126	\$157,648	\$666,449	\$208,801	\$0.5126	Apotex	100%
939	CYCLOSPORINE SOLUTION 100MG/ML	\$2.5138	\$3.7708	\$496	\$744	\$248	\$3.7707	Apotex	100%
927	CYCLOSPORINE CAP 100MG	\$2.8280	\$3.8817	\$202,007	\$277,274	\$75,267	\$3.8815	Sandoz	100%
1056	CYCLOSPORINE CAP 25MG	\$0.7250	\$0.9953	\$54,459	\$74,762	\$20,303	\$0.9952	Sandoz	100%
400	NIFEDIPINE TAB 60MG	\$0.7508	\$0.9375	\$698,856	\$872,697	\$173,840	\$0.9374	Mylan	100%
273	HALOPERIDOL INJ 100MG/ML	\$8.3320	\$11.6667	\$21,875	\$30,629	\$8,755	\$11.6648	Sandoz	100%
60	BETAMETHASONE DIPROP/LENE CRM 0.05%	\$0.2593	\$0.5187	\$6,546	\$13,095	\$6,549	\$0.5186	ratio	100%
62	BETAMETHASONE DIPROP/LENE ONT 0.5%	\$0.2593	\$0.5187	\$8,868	\$17,779	\$8,891	\$0.5186	ratio	100%
1166	DESOGESTREL ETHINYL ESTRA 21 TAB 0.15MG/0.03MG	\$0.2634	\$0.4377	\$55,253	\$91,816	\$36,563	\$0.4376	Apotex	100%
1167	DESOGESTREL ETHINYL ESTRA 28 TAB 0.15MG/0.03MG	\$0.1976	\$0.4377	\$32,914	\$54,669	\$21,754	\$0.4376	Apotex	100%
1151	BRIMONIDINE TARTRATE SOL 0.15%	\$1.1550	\$1.7330	\$43,678	\$65,535	\$21,857	\$1.7325	Apotex	100%
944	GOLD SODIUM THIOMALATE INJ 25MG/ML	\$6.9750	\$7.6600	\$14,007	\$15,383	\$1,376	\$7.6567	Sandoz	100%
59	BETAMETHASONE DIPROP ONT 0.05%	\$0.1077	\$0.2153	\$1,004	\$2,010	\$1,006	\$0.2152	ratio	100%
670	NITROFURANTOIN CAP 100MG	\$0.3083	\$0.6165	\$9,389	\$19,261	\$9,873	\$0.6110	Teva	101%
99	CHLORPROMAZINE TAB 50MG	\$0.0088	\$0.1620	\$1,084	\$19,947	\$18,864	\$0.1565	Teva	104%
100	CHLORPROMAZINE TAB 25MG	\$0.0057	\$0.1413	\$790	\$19,593	\$18,802	\$0.1365	Teva	104%
64	BETAMETHASONE LOT 0.1%	\$0.1250	\$0.2588	\$6,875	\$14,234	\$7,359	\$0.2500	ratio	104%
98	CHLORPROMAZINE TAB 100MG	\$0.0150	\$0.3313	\$1,049	\$23,187	\$22,137	\$0.3200	Teva	104%
352	MAPROTIline TAB 25MG	\$0.1379	\$0.5687	\$783	\$3,229	\$2,446	\$0.5493	Teva	104%
353	MAPROTIline TAB 50MG	\$0.2607	\$1.0769	\$2,612	\$10,790	\$8,177	\$1.0401	Teva	104%
681	MEXILETINE CAP 200MG	\$0.3336	\$1.1317	\$4,536	\$15,388	\$10,852	\$1.0930	Teva	104%
680	MEXILETINE CAP 100MG	\$0.2492	\$0.8451	\$9,825	\$33,320	\$23,495	\$0.8162	Teva	104%
354	MAPROTIline TAB 75MG	\$0.3562	\$1.4707	\$1,675	\$6,915	\$5,240	\$1.4204	Teva	104%
32	AMPICILLIN CAP 500MG	\$0.1575	\$0.6166	\$3,668	\$14,358	\$10,690	\$0.5955	Teva	104%
669	NITROFURANTOIN CAP 50MG	\$0.1737	\$0.3300	\$15,545	\$29,533	\$13,988	\$0.3187	Teva	104%
31	AMPICILLIN CAP 250MG	\$0.0787	\$0.3180	\$1,268	\$5,123	\$3,855	\$0.3071	Teva	104%
96	CHLOROQUINE TAB 250MG	\$0.2558	\$0.3322	\$2,477	\$3,217	\$739	\$0.3208	Teva	104%
481	PROCHLORPERAZINE TAB 5MG	\$0.0528	\$0.1108	\$6,432	\$13,496	\$7,065	\$0.1055	Apotex	105%
36	ASA EC TAB/CAP 650MG	\$0.0470	\$0.0550	\$675	\$790	\$115	\$0.0521	Teva	106%
105	CHOLESTYRAMINE LIGHT PWR	\$0.3203	\$1.3904	\$400	\$1,738	\$1,338	\$1.3167	Phsce	106%
106	CHOLESTYRAMINE REG PWR	\$0.2371	\$1.3904	\$63,835	\$374,337	\$310,502	\$1.3167	Phsce	106%
1073	URSODIOL TAB 500MG	\$1.1700	\$1.7298	\$102,931	\$152,179	\$49,248	\$1.6380	Phsce	106%
1072	URSODIOL TAB 250MG	\$0.6168	\$0.9119	\$263,381	\$389,392	\$126,011	\$0.8635	Phsce	106%
130	CLORAZEPATE CAP 7.5MG	\$0.0952	\$0.1926	\$3,616	\$7,316	\$3,700	\$0.1810	Apotex	106%
650	LOXAPINE TAB 10MG	\$0.1784	\$0.2662	\$88,631	\$132,251	\$43,620	\$0.2498	Phsce	107%

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652	LOXAPINE TAB 50MG	\$0.3687	\$0.5501	\$24,264	\$36,202	\$11,938	\$0.5162	Phsce	107%
651	LOXAPINE TAB 25MG	\$0.2765	\$0.4127	\$68,900	\$102,840	\$33,940	\$0.3872	Phsce	107%
649	LOXAPINE TAB 5MG	\$0.1071	\$0.1599	\$61,946	\$92,485	\$30,539	\$0.1500	Phsce	107%
285	HYDRALAZINE TAB 50MG	\$0.1912	\$0.2770	\$59,027	\$85,515	\$26,488	\$0.2527	Apotex, Teva	110%
63	BETAMETHASONE LOT 0.05%	\$0.0950	\$0.2108	\$838	\$1,850	\$1,021	\$0.1900	ratio	111%
883	METHYLPREDNISOLONE INJ 40MG	\$2.9820	\$3.6000	\$233	\$281	\$48	\$3.2250	Sandoz	112%
329	KETOPROFEN SUP 100MG	\$0.7348	\$1.1111	\$951	\$1,438	\$487	\$0.9930	Phsce	112%
164	DESONIDE CRM 0.05%	\$0.1940	\$0.2992	\$8,586	\$13,238	\$4,652	\$0.2610	Phsce	115%
165	DESONIDE OINT 0.05%	\$0.1933	\$0.2992	\$2,174	\$3,356	\$1,191	\$0.2610	Phsce	115%
15	AMANTADINE SYR 10MG	\$0.0405	\$0.0940	\$3,518	\$8,165	\$4,647	\$0.0810	Phsce	116%
531	SULFASALAZINE EC TAB 500MG	\$0.1972	\$0.3280	\$167,797	\$279,093	\$111,296	\$0.2816	Phsce	116%
110	CIMETIDINE TAB 200MG	\$0.0737	\$0.0860	\$521	\$608	\$87	\$0.0737	Apotex, Teva	117%
128	CLORAZEPATE CAP 15MG	\$0.1715	\$0.3856	\$873	\$1,964	\$1,091	\$0.3259	Apotex	118%
561	TRIAMCINOLONE ACETON DENTAL PASTE 0.1%	\$0.6480	\$1.0800	\$35,030	\$58,384	\$23,353	\$0.9110	Taro	119%
532	SULFASALAZINE TAB 500MG	\$0.1252	\$0.2154	\$51,994	\$89,454	\$37,460	\$0.1804	Phsce	119%
425	OXTRIPHYLLINE ELX 100MG/5ML	\$0.0180	\$0.0274	\$174	\$265	\$90	\$0.0229	Phsce	120%
539	TETRACYCLINE CAP 250MG	\$0.0457	\$0.0657	\$22,377	\$32,170	\$9,793	\$0.0549	Apotex	120%
139	CODEINE 8/ACET 160 ELX/5ML	\$0.0521	\$0.0702	\$15,997	\$21,555	\$5,558	\$0.0586	Phsce	120%
421	OXAZEPAM TAB 10MG	\$0.0264	\$0.0420	\$3,780	\$6,014	\$2,234	\$0.0350	Apotex	120%
422	OXAZEPAM TAB 15MG	\$0.0330	\$0.0660	\$49,161	\$98,212	\$49,050	\$0.0550	Apotex	120%
423	OXAZEPAM TAB 30MG	\$0.0479	\$0.0900	\$74,338	\$139,684	\$65,346	\$0.0750	Apotex	120%
608	PIROXICAM SUP 20MG	\$0.8945	\$1.9961	\$451	\$1,006	\$555	\$1.6460	Phsce	121%
730	OFLOXACIN TAB 300MG	\$1.3279	\$1.5323	\$3,072	\$3,545	\$473	\$1.2161	Apotex, Teva	126%
731	OFLOXACIN TAB 400MG	\$1.3279	\$1.5323	\$2,615	\$3,017	\$402	\$1.2161	Apotex, Teva	126%
803	MORPHINE SR CAP/TAB 30MG	\$0.2500	\$0.4495	\$411,247	\$706,629	\$295,381	\$0.3500	Teva, Phsce, ratio	128%
841	POTASSIUM CHLORIDE LIQ 20MEQ/15ML	\$0.0125	\$0.0131	\$22,719	\$23,810	\$1,091	\$0.0102	Phsce	128%
800	MORPHINE SR CAP/TAB 15MG	\$0.1675	\$0.2977	\$143,103	\$243,519	\$100,416	\$0.2317	Teva, Phsce, ratio	128%
805	MORPHINE SR CAP/TAB 60MG	\$0.4440	\$0.7924	\$522,201	\$890,002	\$367,801	\$0.6167	Teva, Phsce, ratio	128%
183	DIFLUNISAL TAB 500MG	\$0.3528	\$0.7150	\$905	\$1,833	\$929	\$0.5363	Apotex	133%
735	FLUNARIZINE CAP 5MG	\$0.5547	\$0.7204	\$45,976	\$59,709	\$13,733	\$0.5308	Apotex	136%
1022	ATENOLOL / CHLORTH TAB 100/25MG	\$0.5236	\$0.7117	\$63,649	\$86,515	\$22,865	\$0.5236	Teva	136%
802	MORPHINE SR CAP/TAB 200MG	\$1.9099	\$2.4000	\$259,156	\$312,259	\$53,103	\$1.7479	Teva, Phsce	137%
799	MORPHINE SR CAP/TAB 100MG	\$0.9550	\$1.2909	\$802,328	\$1,033,048	\$230,720	\$0.9401	Teva, Phsce	137%
222	ERYTHROMYCIN ETHYLSUCCINATE PWS 40MG/ML	\$0.0398	\$0.0923	\$371	\$861	\$490	\$0.0669	Teva	138%
223	ERYTHROMYCIN ETHYLSUCCINATE PWS 80MG/ML	\$0.0603	\$0.1398	\$371	\$860	\$490	\$0.1013	Teva	138%
86	CEPHALEXIN SUSP 50MG/ML	\$0.0519	\$0.1327	\$18,866	\$48,239	\$29,372	\$0.0948	Teva	140%

LCA CAT	LCA Description	MALP	New Full Benefit List Price	Expenditure Estimate Under MALP	Expenditure Estimate Under New F3 LP	Incremental Cost of Exception to MALP (Column F - E)	ODB Benefit Price	ODB Generic Manufactureres	BC/ODB
420	NYSTATIN ORL TAB 500,000U	\$0.1130	\$0.2400	\$7,177	\$15,244	\$8,067	\$0.1680	ratio	143%
141	CODEINE 15/ACET 300/CAFF 15 TAB	\$0.0403	\$0.0690	\$41,325	\$70,756	\$29,431	\$0.0476	ratio,Janssen(Tyleno)	145%
145	CODEINE 30/ACET 300/CAFF 15 TAB	\$0.0444	\$0.0760	\$971,202	\$1,662,418	\$891,216	\$0.0524	ratio,Janssen(Tyleno)	145%
1169	RALOXIFENE HYDROCHLORIDE TAB 60MG	\$0.7701	\$1.3752	\$23,190	\$41,412	\$18,222	\$0.9168	Apotex,Teva	150%
480	PROCHLORPERAZINE TAB 10MG	\$0.0645	\$0.2025	\$18,407	\$57,789	\$39,382	\$0.1290	Apotex	157%
220	ERYTHROMYCIN ESTOLATE SUS 50MG/ML	\$0.0340	\$0.1212	\$1,439	\$5,132	\$3,692	\$0.0713	Teva	170%
853	TOBRAMYCIN OPH DPS 0.3%	\$0.8330	\$1.0480	\$7,744	\$9,743	\$1,999	PMS .5831 Sandoz .8333	Phsce,Sandoz	180%
388	NAPROXEN SUP 500MG	\$0.6537	\$0.8617	\$3,981	\$5,248	\$1,267	\$0.4775	Phsce	180%
471	PREDNISONE TAB 5MG	\$0.0211	\$0.0401	\$91,249	\$173,416	\$82,168	\$0.0220	Apotex,Teva	182%
381	NADOLOL TAB 160MG	\$0.9275	\$1.2046	\$9,667	\$12,555	\$2,888	\$0.6595	Apotex	183%
364	METHOTRIMEPAZINE TAB 5MG	\$0.0264	\$0.0991	\$16,635	\$62,447	\$45,811	\$0.0528	Apotex,Phsce	188%
163	DESIPRAMINE TAB 75MG	\$0.4696	\$0.8915	\$5,425	\$10,299	\$4,874	\$0.4696	Apotex,Phsce	190%
671	MEFENAMIC ACID CAP 250MG	\$0.2818	\$0.4988	\$31,108	\$55,064	\$23,956	\$0.2626	Apotex,Phsce	190%
890	AMOXICILIN/CLAVULANATE TAB 250MG	\$0.4934	\$0.9375	\$22,283	\$42,340	\$20,056	Apotex .9375 ratio .4366	Apotex, ratio	215%
162	DESIPRAMINE TAB 50MG	\$0.3529	\$0.6704	\$35,099	\$66,677	\$31,578	\$0.3048	Apotex,Phsce	220%
161	DESIPRAMINE TAB 25MG	\$0.2002	\$0.3804	\$19,424	\$36,908	\$17,484	\$0.1729	Apotex,Phsce	220%
483	PROCYCLIDINE TAB 5MG	\$0.0217	\$0.0562	\$7,730	\$20,018	\$12,289	\$0.0255	Phsce	220%
429	OXYBUTYNIN SYR 5MG/5ML	\$0.0589	\$0.0994	\$4,062	\$6,856	\$2,794	\$0.0444	Phsce	224%
363	METHOTRIMEPAZINE TAB 25MG	\$0.0565	\$0.2547	\$23,013	\$103,745	\$80,732	\$0.1131	Apotex,Phsce	225%
365	METHOTRIMEPAZINE TAB 50MG	\$0.0771	\$0.3857	\$15,746	\$78,770	\$63,025	\$0.1541	Apotex,Phsce	250%
304	IBUPROFEN TAB 600MG	\$0.0465	\$0.1313	\$90,662	\$255,997	\$165,335	\$0.0465	Apotex, Teva	282%
573	TRIMETHOPRIM/SULFAMETH SUS 200/40MG/5ML	\$0.0100	\$0.0911	\$3,962	\$36,092	\$32,130	\$0.0198	Teva	460%
"Total of Incremental Cost" for products in rows 195 to 274						\$3,614,642			
858	CLINDAMYCIN INJ 150MG/ML	\$2.0075	\$2.2850	\$11,855	\$13,495	\$1,639	\$4.5740	Sandoz	50%
772	SODIUM CROMOGLYCATE LIQ 1% (Inh Sol)	\$0.1212	\$0.3072	\$1,021	\$2,586	\$1,565	\$0.4846	Phsce	63%
482	PROCYCLIDINE ELX 0.5MG	\$0.0266	\$0.0379	\$83	\$118	\$35	\$0.0555	Phsce	68%
91	CHLORAMPHENICOL OPTH SOL 0.5%	\$0.2535	\$0.4420	\$2,693	\$4,694	\$2,002	\$0.5280	Sandoz	84%
795	MORPHINE SYR 20MG/ML	\$0.2490	\$0.4840	\$3,672	\$7,137	\$3,465	\$0.5240	ratio	92%
603	NYSTATIN VAG CRM 25,000U/GM	\$0.0440	\$0.0458	\$5	\$5	\$0	\$0.0492	Taro	93%
797	MORPHINE SYR 5MG/ML	\$0.0401	\$0.0791	\$20,276	\$39,978	\$19,702	\$0.0842	ratio	94%
1051	PHENYTOIN ORAL SUSP 125	\$0.0231	\$0.0311	\$8,714	\$11,733	\$3,019	\$0.0323	Taro	96%
275	HALOPERIDOL INJ 50MG/ML	\$4.2170	\$5.9040	\$2,916	\$4,082	\$1,166	\$6.0500	Sandoz	98%

LCA CAT	LCA Description	MALP	New Full Benefit List Price	Expenditure Estimate Under MALP	Expenditure Estimate Under New FB LP	Incremental Cost of Exception to MALP (Column F - E)	ODB Benefit Price	ODB Generic Manufacturers	BC/OD3
85	CEPHALEXIN SUSP 25MG/ML	\$0.0224	\$0.0448	\$2,032	\$7,667	\$5,634	\$0.0457	Teva	98%
697	PROCHLORPERAZINE INJ 5MG/ML	\$0.4970	\$0.6900	\$3,478	\$4,829	\$1,351	\$0.7000	Sandoz	99%
274	HALOPERIDOL INJ 5MG/ML	\$1.6605	\$3.9600	\$30,843	\$73,556	\$42,713	\$4.0000	Sandoz	99%
20	AMITRIPTYLINE TAB 75MG	\$0.1827	\$0.3634	\$49,469	\$98,396	\$48,927		Not available	
29	AMOXICILLIN TAB 125MG CHEW	\$0.1446	\$0.4167	\$64	\$185	\$121		Not available	
30	AMOXICILLIN TAB 250MG CHEW	\$0.2198	\$0.6138	\$5,593	\$15,621	\$10,028		Not available	
50	OPIUM/BELLADONNA SUP 60/15MG	\$1.5860	\$2.5500	\$73,291	\$117,839	\$44,548		Not available	
81	CAPTOPRIL TAB 6.25MG	\$0.0963	\$0.1237	\$1,111	\$1,427	\$316		Not available	
90	CHLORAMPHENICOL ONT 1%	\$0.8557	\$1.4971	\$2,820	\$4,934	\$2,114		Not available	
101	CHLORPROPAMIDE TAB 100MG	\$0.0490	\$0.0745	\$276	\$420	\$144		Not available	
102	CHLORPROPAMIDE TAB 250MG	\$0.0332	\$0.0432	\$736	\$957	\$221		Not available	
152	COLCHICINE TAB 0.6MG	\$0.1331	\$0.2565	\$77,152	\$148,647	\$71,495		Not available	
155	CORTISONE TAB 25MG	\$0.2361	\$0.3066	\$22,553	\$29,288	\$6,735		Not available	
157	CYCLOBENZAPRINE TAB 10MG	\$0.3099	\$0.3731	\$730,076	\$878,964	\$148,888		Not available	
159	DESIPRAMINE TAB 10MG	\$0.1413	\$0.3804	\$5,874	\$15,813	\$9,939		Not available	
160	DESIPRAMINE TAB 100MG	\$0.5740	\$0.8915	\$2,802	\$4,352	\$1,550		Not available	
167	DEXAMETHASONE SOL 0.1%	\$0.9340	\$1.1830	\$18	\$22	\$4		Not available	
180	DICYCLOMINE CAP 10MG	\$0.0505	\$0.0722	\$1,922	\$2,748	\$825		Not available	
195	DIPYRIDAMOLE TAB 25MG	\$0.2027	\$0.2633	\$9,441	\$12,264	\$2,823		Not available	
196	DIPYRIDAMOLE TAB 50MG	\$0.1940	\$0.2932	\$19,772	\$29,883	\$10,111		Not available	
197	DIPYRIDAMOLE TAB 75MG	\$0.2612	\$0.4397	\$10,187	\$17,148	\$6,961		Not available	
211	ENALAPRIL MALEATE HCTZ TAB 10MG/25MG	\$0.5454	\$0.7713	\$83,525	\$118,120	\$34,595		Not available	
216	ERYTHROMYCIN CAP 250MG	\$0.2407	\$0.3900	\$1,837	\$2,976	\$1,139		Not available	
217	ERYTHROMYCIN CAP 333MG	\$0.2674	\$0.4332	\$25,973	\$42,076	\$16,104		Not available	
224	ERYTHROMYCIN OPTH ONT 5MG/GM	\$0.8871	\$1.2600	\$16,934	\$24,052	\$7,118		Not available	
243	FERROUS SULFATE TAB 300MG	\$0.0161	\$0.0193	\$13,679	\$16,398	\$2,719		Not available	
267	GENTAMICIN CRM 0.01%	\$0.1780	\$0.3560	\$1,005	\$2,012	\$1,006		Not available	
268	GENTAMICIN ONT 0.1%	\$0.1780	\$0.3560	\$910	\$1,819	\$909		Not available	
295	HYDROCORTISONE/ZINC SUP 10MG	\$0.5200	\$0.6075	\$31,433	\$36,721	\$5,288		Not available	
296	HYDROMORPHONE SUP 3MG	\$1.1842	\$2.3460	\$4,531	\$8,975	\$4,445		Not available	
307	IMIPRAMINE TAB 75MG	\$0.4257	\$0.5529	\$6,298	\$8,180	\$1,882		Not available	
320	ISOSORBIDE 5 MONONITRATE SR TAB 60MG	\$0.3300	\$0.3523	\$10,071	\$10,753	\$682		Not available	
330	KETOTIFEN FUMARATE SYR 1MG/5ML	\$0.0887	\$0.1330	\$8,801	\$13,197	\$4,395		Not available	
336	LIDOCAINE HCL SOL 20MG/ML	\$0.0450	\$0.0680	\$3,230	\$4,880	\$1,650		Not available	
463	POTASSIUM CHLORIDE TAB 600MG	\$0.0557	\$0.0899	\$260,014	\$419,664	\$159,650		Not available	
479	PROCHLORPERAZINE SUP 10MG	\$0.4150	\$0.8300	\$4,199	\$8,399	\$4,200		Not available	

LCA CAT	LCA Description	MALP	New Full Benefit List Price	Expenditure Estimate Under MALP	Expenditure Estimate Under New FB LP	Incremental Cost of Exception to MALP (Column F - E)	ODB Benefit Price	ODB Generic Manufacturers	BC/ODB
503	SALBUTAMOL NEBULE PF SOL 0.5MG/ML	\$0.0995	\$0.1074	\$5,131	\$5,538	\$407		Not available	
519	SODIUM CHLORIDE OPHTHALMIC SOL 5%	\$0.1486	\$0.4833	\$1,886	\$6,135	\$4,249		Not available	
521	SODIUM POLYSTYRENE SULFONATE PWR	\$0.0879	\$0.1482	\$170,085	\$286,766	\$116,681		Not available	
529	SULFACETAMIDE SOD LIQ 10%	\$0.0364	\$0.0727	\$399	\$3,843	\$3,444		Not available	
552	TOLBUTAMIDE TAB 500MG	\$0.0573	\$0.1089	\$4,139	\$7,866	\$3,727		Not available	
569	TRIFLUOPERAZINE TAB 20MG	\$0.4297	\$0.5580	\$1,224	\$1,589	\$365		Not available	
591	YOHIMBINE TAB 2MG	\$0.1657	\$0.2950	\$108	\$192	\$84		Not available	
592	YOHIMBINE TAB 5.4MG	\$0.3480	\$0.4250	\$2,275	\$2,778	\$504		Not available	
593	YOHIMBINE TAB 6MG	\$0.3511	\$0.4560	\$3,953	\$5,133	\$1,181		Not available	
619	CHLORAMPHENICOL/PLUS OINT 1%	\$1.1371	\$2.6943	\$3,172	\$7,516	\$4,344		Not available	
628	DEXAMETHASONE TAB .75MG	\$0.3556	\$0.4635	\$444	\$578	\$134		Not available	
629	DIAZEPAM INJ 5MG/ML	\$0.5440	\$1.1400	\$1,638	\$3,433	\$1,795		Not available	
643	KETOTIFEN TAB 1MG	\$0.3960	\$0.6335	\$33,040	\$52,856	\$19,817		Not available	
645	LITHIUM CARBONATE CAP 600MG	\$0.1082	\$0.1360	\$7,354	\$9,243	\$1,889		Not available	
647	FLUOXETINE ORL SOL 20MG/5ML	\$0.3083	\$0.5859	\$67,291	\$127,880	\$60,590		Not available	
655	METOCLOPRAMIDE SOL 1MG/ML	\$0.0169	\$0.0423	\$6,578	\$16,464	\$9,887		Not available	
657	FERROUS SULFATE ORAL SOL 75MG/ML	\$0.1218	\$0.1854	\$3,096	\$4,713	\$1,617		Not available	
660	NEOMYCIN/POLYMYXIN/HC OTIC SOL	\$0.6405	\$1.0250	\$14,831	\$23,735	\$8,905		Not available	
665	TOBRAMYCIN SULF INJ 40MG/ML	\$1.7225	\$2.2500	\$34,783	\$45,435	\$10,652		Not available	
672	FLUPHENAZINE CONC INJ 100MG/ML	\$14.8900	\$29.7800	\$83,481	\$166,962	\$83,481		Not available	
686	BUDESONIDE NASAL SPR 100MCG	\$0.0551	\$0.0958	\$24,685	\$42,919	\$18,234		Not available	
702	DIPHENHYDRAMINE HCL INJ 50MG/ML	\$1.6360	\$3.4100	\$10,021	\$20,885	\$10,865		Not available	
704	HYOSCINE BUTYLBROMIDE INJ 20MG/ML	\$2.1500	\$3.9400	\$8,242	\$15,104	\$6,862		Not available	
707	METHYLPHENIDATE TAB 5MG	\$0.0748	\$0.0947	\$4,733	\$5,993	\$1,260		Not available	
718	MICONAZOLE TOP CRM 2%	\$0.1914	\$0.3784	\$68	\$132	\$64		Not available	
720	HYDROCORTISONE/FRAMYCETIN OINT 0.5/1%	\$0.4233	\$0.4577	\$131,800	\$142,511	\$10,711		Not available	
721	HYDROCORTISONE/FRAMYCETIN SUP 0.5%/1%	\$0.5292	\$0.6487	\$57,391	\$70,351	\$12,960		Not available	
725	THEOPHYLLINE TAB/CAP 100MG SR	\$0.0955	\$0.1300	\$1,588	\$2,162	\$574		Not available	
736	GENTAMICIN OPH OINT 0.3%	\$0.5714	\$1.1429	\$1,065	\$2,130	\$1,065		Not available	
739	NEOMYCIN SUL/POLYMYXIN B SOL	\$0.6214	\$0.7250	\$189	\$221	\$32		Not available	
742	CHLORAL HYDRATE SYR 100MG	\$0.0121	\$0.0433	\$9,481	\$33,928	\$24,447		Not available	
746	DIMENHYDRINATE INJ 50MG	\$0.4303	\$0.7180	\$8,813	\$14,705	\$5,892		Not available	
753	FUROSEMIDE INJ 10MG	\$0.3781	\$0.6000	\$4,640	\$7,362	\$2,723		Not available	
754	HYDROXYZINE CAP 25MG	\$0.1206	\$0.1425	\$2,554	\$3,017	\$463		Not available	
755	HYDROXYZINE CAP 50MG	\$0.1487	\$0.2068	\$187	\$259	\$73		Not available	
756	HYDROXYZINE SYR 2MG	\$0.0257	\$0.0423	\$323	\$531	\$208		Not available	

LCA CAT	LCA Description	MALP	New Full Benefit List Price	Expenditure Estimate Under MALP	Expenditure Estimate Under New FB LP	Incremental Cost of Exception to MALP (Column F - E)	ODB Benefit Price	ODB Generic Manufactureres	BC/ODB
758	LOPERAMIDE HCL LIQ 0.2MG/ML	\$0.0727	\$0.0943	\$409	\$530	\$121		Not available	
760	TENOICAM TAB 20MG	\$0.6080	\$1.1552	\$2,738	\$5,201	\$2,463		Not available	
774	HYDROCORTISONE/PRAMOX ONT 0.5%/ 1%	\$0.5200	\$0.7317	\$26,736	\$37,620	\$10,884		Not available	
806	MORPHINE INJ 10MG/ML	\$0.4620	\$0.9000	\$72,904	\$142,022	\$69,118		Not available	
807	MORPHINE INJ 2MG/ML	\$0.6939	\$0.8800	\$2,957	\$3,750	\$793		Not available	
808	MORPHINE INJ 15MG/ML	\$0.4697	\$0.9000	\$13,251	\$25,392	\$12,140		Not available	
809	MORPHINE TAB 10MG	\$0.0932	\$0.1700	\$122,857	\$224,096	\$101,239	\$0.1700	Statex (Paladin) Not interchg	
813	MORPHINE TAB 5MG	\$0.0600	\$0.1100	\$42,520	\$77,953	\$35,433	\$0.1100	Statex (Paladin) Not interchg	
817	METOCLOPRAMIDE INJ 5MG/ML	\$0.6000	\$1.2350	\$55,500	\$114,237	\$58,737		Not available	
825	HYDROXYZINE CAP 10MG	\$0.0802	\$0.1116	\$701	\$975	\$274		Not available	
852	TESTOSTERONE INJ 100MG	\$1.3210	\$2.2460	\$12,628	\$21,470	\$8,842		Not available	
859	DIHYDROERGOTAMINE INJ 1MG/ML	\$2.1100	\$3.7200	\$7,930	\$13,982	\$6,052		Not available	
860	IDOXURIDINE DPS/SOL 0.1%	\$1.9010	\$4.5200	\$2,488	\$5,916	\$3,428		Not available	
861	MEPERIDINE (PETHIDINE) HCL INJ 50MG/ML	\$0.3200	\$0.3700	\$3,078	\$7,047	\$3,969		Not available	
862	MEPERIDINE (PETHIDINE) HCL INJ 75MG/ML	\$0.3900	\$0.9200	\$1,098	\$2,589	\$1,492		Not available	
864	HYDROCORTISONE/PRAMOX/HCL SUPP 20MG	\$0.6500	\$1.0875	\$15,009	\$25,111	\$10,103		Not available	
865	FENOFIBRATE CAP 67MG	\$0.2883	\$0.4325	\$5,287	\$7,931	\$2,645		Not available	
876	MEPERIDINE (PETHIDINE) HCL INJ 100MG/ML	\$0.4000	\$0.9700	\$18,482	\$44,818	\$26,336		Not available	
879	DEFEROXAMINE PWS INJ 500MG/VIAL	\$6.6890	\$8.1750	\$5,385	\$6,581	\$1,196		Not available	
880	BENZTROPINE INJ 1MG/ML	\$1.2417	\$4.0000	\$1,560	\$5,026	\$3,465		Not available	
882	METHYLPREDNISOLONE INJ 125MG	\$7.0790	\$8.5000	\$2,445	\$2,936	\$491		Not available	
892	BUDESONIDE AQ NAS SPR 64MCG/AEM	\$0.0425	\$0.0843	\$18,139	\$35,979	\$17,840		Not available	
895	DEFEROXAMINE INJ 2MG/ML	\$26.8700	\$36.7500	\$89,751	\$122,751	\$33,000		Not available	
900	GENTAMICIN INJ 40MG/ML	\$0.9900	\$2.4550	\$23,224	\$57,592	\$34,368		Not available	
903	LORAZEPAM INJ 4MG/ML	\$1.0000	\$2.7100	\$15,612	\$42,308	\$26,696		Not available	
921	POLYMXIN/NEO/HC OPTH ONT	\$1.3843	\$3.2114	\$124	\$289	\$165		Not available	
936	BETAMETHASONE DIPROP/SALIC ACID LOT 0.05-2%	\$0.1980	\$0.3523	\$21,637	\$38,499	\$16,862		Not available	
940	DEXAMETHASONE INJ 10MG/ML	\$1.0387	\$1.2830	\$8,335	\$10,296	\$1,961		Not available	
952	SUFENTANIL CITRATE INJ 50MCG/ML	\$5.0589	\$6.5700	\$220,000	\$285,714	\$65,714		Not available	
960	TRIMEBUTINE MALEATE TAB 200MG	\$0.3217	\$0.5235	\$104,980	\$170,833	\$65,853		Not available	
962	PAMIDRONATE DISODIUM INJ 6MG/ML	\$14.1216	\$17.6700	\$124	\$155	\$32		Not available	
990	ENALAPRIL MALEATE HCTZ TAB 5MG/12.5MG	\$0.4407	\$0.6417	\$12,171	\$17,721	\$5,550		Not available	
993	ESTRADIOL PATCH 50MCG	\$1.2187	\$1.7050	\$201	\$281	\$80		Not available	
996	FRAMYCETIN/GRAMICID/DEXAMETHASONE DPS	\$0.8937	\$0.9800	\$17,320	\$18,993	\$1,672		Not available	
1013	METOPROLOL TAB 25MG	\$0.0514	\$0.0643	\$429,987	\$537,902	\$107,914		Not available	
1016	TRIFLURIDINE OPH DROPS 0.1%	\$2.0567	\$3.0387	\$8,041	\$11,881	\$3,840		Not available	

LCA CAT	LCA Description	MALP	New Full Benefit List Price	Expenditure Estimate Under MALP	Expenditure Estimate Under New FB LP	Incremental Cost of Exception to MALP (Column F - E)	ODB Benefit Price	ODB Generic Manufactureres	BC/ODB
1017	CLOZAPINE 25MG	\$0.4710	\$0.6594	\$423,811	\$593,336	\$169,524		Not available	
1018	CLOZAPINE 100MG TAB	\$1.8890	\$2.6446	\$4,052,085	\$5,686,918	\$1,624,834		Not available	
1027	CLONIDINE TAB 0.025MG	\$0.1360	\$0.1817	\$114,965	\$153,598	\$38,632		Not available	
1029	RANITIDINE HCL INJ 25MG/ML	\$0.6998	\$1.2680	\$6,310	\$11,434	\$5,124		Not available	
1032	VANCOMYCIN HCL VIAL 1G	\$36.4750	\$58.9900	\$379,633	\$613,969	\$234,336		Not available	
1033	VANCOMYCIN HCL VIAL 500MG	\$18.2800	\$31.0500	\$166,044	\$282,040	\$115,996		Not available	
1065	HYDROCHLOROTHIAZIDE TAB 12.5MG	\$0.0248	\$0.0322	\$67,815	\$88,050	\$20,236		Not available	
1070	ONDANSETRON INJ 2MG/ML	\$4.9360	\$6.6090	\$24,250	\$32,470	\$8,219		Not available	
1094	BETAHISTINE DIHYDROCHLORIDE TAB 16MG	\$0.2212	\$0.3557	\$234,507	\$377,099	\$142,592		Not available	
1095	BETAHISTINE DIHYDROCHLORIDE TAB 24MG	\$0.3318	\$0.4983	\$82,870	\$124,457	\$41,586		Not available	
1123	AMOXICILLIN/CLAVULANATE 400MG/57MG/5ML	\$0.1377	\$0.1968	\$1,006	\$1,437	\$431		Not available	
1124	PAROXETINE TAB 40MG	\$1.6522	\$2.1457	\$1,060	\$1,377	\$317		Not available	
1142	MODAFINIL TAB 100MG	\$0.6342	\$0.9293	\$31,753	\$46,532	\$14,779		Not available	
1177	CEFAZOLIN SODIUM VIAL 1.0GM	\$4.6200	\$6.0000	\$937	\$1,217	\$279		Not available	
1179	RAMIPRIL CAP 15MG	\$0.5490	\$0.5855	\$139,820	\$149,116	\$9,296		Not available	
1186	MOMETASONE LOTION 0.1%	\$0.1875	\$0.3124	\$39,282	\$65,455	\$26,172		Not available	
1187	NARATRIPTAN TAB 1MG	\$5.8301	\$7.7950	\$1,371	\$1,833	\$462		Not available	

Turnquist, Woodrow HLTH:EX

From: Crawford, Dean (Heenan Blaikie) [DCrawford@Heenan.ca]
Sent: Tuesday, January 11, 2011 11:10 AM
To: Nakagawa, Bob HLTH:EX; Bethel, John HLTH:EX; Mochrie, Paul HLTH:EX; Turnquist, Woodrow HLTH:EX
Cc: Jim Keon; Art Tramonte; Andrew van der Gugten; Hillebrandt, Kathie A HLTH:EX
Subject: BC Price Comparisons for Exceptions - Further Data
Attachments: PSA Exceptions Summary for Round 1 (October 2010 - June 2011)-QC.xlsx

Bob, John, Paul and Woody,

CGPA was able to conduct further comparisons of prices on exceptions where there is no comparison available in Ontario but there is in Quebec. This adds a direct comparison to a further 95 products so that there are now comparisons available for 377 of 404 products where BC provided an exception.

The comparisons show:

For the 282 products where there is a ODB comparison:

1. 191 products are priced at the same level in BC as in Ontario.
2. 11 products are priced lower in BC than in Ontario.
3. 80 products are priced higher in ~~Ontario than in BC.~~ *than ON*
4. Some rough analysis shows that for these 80 products, the average price difference between BC and Ontario is about 30 percent.
5. The total "incremental cost" to BC on the 80 products is about \$3.6 million, i.e. the cumulative difference between BC's new 50 percent price level and the actual MALP.
6. Accounting for the fact that BC prices for these 80 products are, on average, about 30 percent higher than what Ontario obtained, the cost to BC over and above what Ontario obtained, is just over \$1 million.

For the 95 products where there is no ODB comparison but there is a Quebec comparison:

1. 48 products are priced at the same level in BC as in Quebec.
2. 5 products are priced lower in BC than in Quebec.
3. 42 products are priced higher in BC than in Quebec.
4. We have not yet conducted an analysis of the average price difference, but it appears to be bit higher than in Ontario, so we we will use, for now, 40 percent.
5. The total "incremental cost" to BC on the 42 products is about \$700,000.
6. Accounting for a 40 percent price differential between BC and Quebec on these 42 products, the cost to BC over and above what Quebec obtained, is about \$280,000.

That leaves 27 exception products for which there is no comparison between BC and either Ontario or Quebec.

In total, therefore, it appears that BC has incurred additional costs on exceptions products of roughly \$1.28 million, when comparing the prices BC obtained with the prices Ontario and Quebec obtained.

We look forward to speaking to you this afternoon.

Glossary

Location	Title	Description
Column C	MALP	Maximum Accepted List Price. MALP based on Final MALP after price challenges by manufacturers for Round 1
Column D	New Full Benefit List Price	New list price/LCA price after exceptions granted by PSD, as of October 15th, 2010
Column E	Expenditure Estimate Under MALP	Estimate if all manufacturers had submitted prices equal to MALP (based on utilisation data for FY09/10 , adjusting for % PharmaCare payment net deductibles)
Column F	Expenditure Estimate Under New FB LP	Estimate with October 15th New Full Benefit List Price (based on utilisation data for FY09/10 , adjusting for % PharmaCare payment net deductibles)
Column G	Incremental Cost of Exception to MALP	Column F - Column E

Assumptions

>> Includes all LCA exception categories except those categories where there is only a brand name drug.



October 25, 2011

John Bethel
Chief Administrative Officer
Health System Planning Division
Ministry of Health
1515 Blanshard Street
Vancouver, B.C. V8W 3C8

Dear Mr. Bethel:

I am writing further to recent discussions we have had with the Ministry of Health about reimbursement policies for dispensing generic drugs that are not priced at the standard listing price set by the Pharmaceutical Services Division (often referred to as "exception products")

As you know, British Columbia currently has a Maximum Allowable List Price (MALP) of 40 percent of brand cost, which will drop to 35 percent as of April 1, 2012. However, British Columbia reimburses pharmacists at higher prices where no manufacturer made a price proposal to list the product at British Columbia's MALP.

Recently, the CGPA learned of a proposal made to your officials that B.C. should implement measures to attempt to reduce the number of exception products. We further understand that there has been discussion about the prospect of British Columbia tendering for products that are currently subject to exception prices.

The CGPA has previously shared with you its analysis of the 404 products where British Columbia accepted an exception price during the round one reimbursement reductions (October 2010 to June 2011). In particular, CGPA undertook a comparison between exception prices in B.C. and those under the ODB formulary in Ontario and the formulary in Quebec. The comparisons show that of the 404 products where British Columbia provided an exception, a direct price comparison could be made in respect of 377 products that are also listed on either the ODB formulary in Ontario or the Quebec formulary. The analysis showed that the significant majority of products are priced at the same level in British Columbia as in Ontario and Quebec. For those products where the price is higher in British Columbia, the price difference is marginal.

There are several compelling reasons why British Columbia, Ontario and Quebec, the three largest formularies in the country, pay exception prices for long-standing products that are higher than the standard listing price. There are also compelling reasons why all provinces should adopt policies which provide incentives to generic manufacturers that are the first to launch generic products.

.../2

Tendering

We must reiterate with you our companies' strongly-held view that the use of tendering by British Columbia or other provinces will, inevitably, kill the goose that lays the golden eggs. British Columbia and all other provinces must provide adequate incentives and market place stability for generic pharmaceutical manufacturers to make the sizeable investments, and undertake the significant risks, required to bring cost-saving generic products to market.

Fully seven of the 10 top-selling generic drugs in Canada came to market through generic drug companies challenging patents which the Canadian courts determined were invalid or non-infringed. This litigation by generic drug companies is saving Canadians an additional \$22 billion by allowing generic products to enter the market earlier rather than waiting for patents to expire without challenge. It is estimated that early generic launches of these products due to successful litigation saves all British Columbia payers approximately \$2.8 billion.

In the absence of such litigation, brand-name pharmaceutical companies would be encouraged to game the patent system to delay generic entry, leading to additional expenditures of billions of dollars for prescription medicines. Supplementary patents are becoming extremely common, and the average blockbuster drug in Canada is now protected by many patents.

The ability of generic manufacturers to make the investments and take the risks to bring new products to market depends in large measure on being certain that all their products, including exception products, continue to be listed on formularies promptly and at prices that provide proper incentives. Once British Columbia or other provinces remove this certainty, companies may be compelled to make business decisions not to make the investments in new generic products or, in the alternative, to settle litigation by agreeing to delay market entry for years.

In conclusion, the CGPA urges the government of British Columbia to be very cautious in its approach to its policy around exception products and to fully consult with the CGPA before taking any measures. The CGPA does not believe that tendering of exception products will assist the government in reaching its cost savings objectives. Indeed, implementing tendering would destabilize the industry with huge unintended consequences.

The CGPA appreciates our ongoing constructive relationship and discussions with you and the senior staff within the Pharmaceutical Services Division. Should you wish to discuss any of the issues raised in this letter, please do not hesitate to contact me.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Jim Keon', is written over the typed name and title.

Jim Keon
President

cc: CGPA Executive Committee



June 27, 2011

Mr. John Bethel
Chief Administrative Officer
Health System Planning Division
Ministry of Health
1515 Blanshard Street
Victoria, B.C. V8W 3C8

Dear Mr. Bethel:

I am writing as a follow up to your meeting in Vancouver on June 8, 2011 with Jack Kay, our President, and Elie Betito, our Director of Government Relations.

We believe it is crucial to Apotex, and to the generic industry, that the BC Drug Program now list Apo-Esomeprazole as a benefit. We understand that this matter will be reconsidered on or about June 30. We urge that you carefully consider the circumstances explained below.

After years of patent litigation, Apotex received federal approval of Apo-Esomeprazole on June 17, 2010, now over a year ago. Since then, month after month, Apotex has been requesting listing in BC, at prices 11% lower than those of Nexium. The delay in listing to date has already caused millions of dollars of losses to BC and Apotex, and irrecoverable losses continue to accrue.

As I understand the problem, BC has recently adopted guidelines that limit prices for multi-source generic drugs to specified percentages of the brand prices, and BC is now reluctant to allow "exceptions" for single source generics, such as Apo-Esomeprazole.

We believe it crucial that the Government consider the distinction between multisource and single source generics. Price limitations for multisource generics have been imposed by most provinces, because retailers were receiving allowances from manufacturers competing for business, so that prices at which products were listed were much higher than true net prices. However, for single source generics, significant allowances are not paid, so that the rationale for price limitations is not applicable.

Moreover, extension of price limitations to single source generics would have catastrophic implications for companies, such as Apotex, that invest in research and litigation to bring new generics to market early. That is essentially because the opportunity to obtain higher prices from single source generics, at least until a second generic is also launched, is the only opportunity for a generic manufacturer to earn the income needed to recoup the investment made to achieve early market entry.

For several decades, Apotex has been the industry leader in investing in new generic products. More specifically, over the past thirty years, Apotex has done as follows:

1. Invested several billion dollars in facilities in Canada.
2. Invested over two billion dollars in research and development, including the development of novel processes and formulations to avoid patent infringement.



4. Moreover, as aforesaid, Apotex needs to be able to sell at prices close to the brand prices, at least for the short time that it anticipates having the only generic, to earn the revenues needed to recoup its investment and make a profit.

If B.C. refuses to list at the submitted prices, Apotex will be in an impossible position. It cannot lower its prices, both because it is at risk as aforesaid, and because it also needs to earn a profit from its investment. The result will be both that BC taxpayers will continue to be denied the 11% savings, and that Apotex will be denied revenues it needs to earn from its investment and to cover the risk of loss. Moreover, the adverse implications for the entire industry and future drug costs will be huge.

We thus urge you to appreciate the necessity of not applying price limitations to single source generics. It is crucial to the future of the industry that generic manufacturers not be compelled to sell at the low price levels of highly competitive products, even in the cases in which they succeed in winning market entry ahead of others. The ability to sell at prices not much lower than the brand prices in such cases is the only opportunity to earn revenues needed to recoup the investment, to make a profit, and to be able to pay the damages if litigation is ultimately lost.

If we must anticipate that the opportunity to earn a profit will be confiscated even in those few cases, it will not be possible for Apotex or others to continue to invest to achieve early entry. The result will be that every generic company will wait for someone else to invest, none will do it, and generic entry will be delayed in many cases for many years. The lost savings to the provinces and others will be huge.

In light of above, Apotex and all members of our industry are urgently in need of assurance that BC and other provinces will not extend price limitations to single source generics.

We thus ask that Apo-Esomeprazole now be listed without further delay, so that we may continue with investments needed to bring new generic products to market as early as possible.

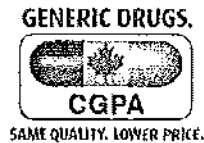
If you require any further information, please advise.

Yours very truly

APOTEX INC.


Bernard C. Sherman, Ph.D.
Chairman and CEO

CC: Bob Nakagawa, Assistant Deputy Minister, Pharmaceutical Services
Dennis Chan, Acting Director, Business Management and Supplier Relations
Woody Turnquist, Director, Stakeholder Relations



June 24, 2011

John Bethel
Chief Administrative Officer
Health System Planning Division
Ministry of Health
1515 Blanshard Street
Victoria, British Columbia V8W 3C8

Dear Mr. Bethel:

Thank you for meeting with representatives of the Canadian Generic Pharmaceutical Association (CGPA) on June 8, 2011. We appreciated the opportunity to discuss issues of mutual interest and concern and look forward to continued dialogue.

I am writing today specifically regarding the need for British Columbia's pricing system for generic pharmaceutical products to provide adequate incentives for generic pharmaceutical manufacturers to make the sizeable investments, and undertake the significant risks, required to bring cost-saving generic products to market.

When a generic manufacturer brings a product to market early after successfully litigating the brand-name company's patent or patents, there are huge savings for British Columbia's public and private drug benefit programs. British Columbia taxpayers, patients and employers often stand to save millions of dollars over what would have been spent had the generic manufacturer not successfully challenged the brand-name company's patents.

Fully seven of the 10 top-selling generic drugs in Canada came to market through generic drug companies challenging patents which the Canadian courts determined were invalid or non-infringed. This litigation by generic drug companies saved Canadians an additional \$22 billion. It is estimated that early generic launches of these products due to successful litigation saved all British Columbia payers approximately \$2.8-billion.

In the absence of such litigation, brand-name pharmaceutical companies would be encouraged to game the patent system to delay generic entry, leading to additional expenditures of billions of dollars for prescription medicines. Supplementary patents are becoming extremely common, and the average blockbuster drug in Canada is now protected by many patents.

In bringing their products to market generic manufacturers incur significant costs and exposure to court-awarded damages. This is particularly so for the first company to challenge a brand-name drug covered by a patent. This company will almost surely be engaged in litigation by the brand company, which usually lasts at least two years.

If the generic manufacturer is found to have infringed the brand-name company's patent, the brand-name company normally will be awarded its damages. If the generic manufacturer has been selling its product in British Columbia at the Province's normal reimbursement prices, it is at risk of paying significant damages to the brand-name company that greatly exceed the generic company's own profits from having sold the product in British Columbia.

.../2



**British Columbia Ministry of Health
Pharmaceutical Services Stakeholder Meeting
Canadian Generic Pharmaceutical Association**

Wednesday June 8, 2011 – 2:30 – 3:30 pm
Suite 2200, 1055 West Hastings Street
Vancouver, BC

Agenda

Welcome/Introductions

Health Ministry Updates:

- New Minister and Executive Personnel
- Organizational alignment and responsibility

Issues related to Pharmacy Services Agreement

- Ongoing price reduction process for Generic products
- Delisting of Generic products as a result of BC's Market Test

Patent Expiry Savings Projection Review/Discussion

- CGPA analysis of upcoming Brand drugs coming off patent

Canada/European Union Trade Agreement

- Update/Discussion

Next Steps

CGPA Meetings (June 1 and June 8)

CGPA June 1

Participants: Dean Crawford, Jim Keon

CGPA verbal proposal made to John Bethel now off the table

- Member CEOs unsure of any potential saving available to be shared with Ministry
- Member CEOs felt there was too much risk in this approach

Dean Crawford proposes to discuss:

- Summary of where BC is at with PSA discussion with Pharmacy
- Review of distribution mark up by jurisdiction (i.e. BC mark up is 8%; SK mark up is 6%)
- Pharmacy "does not pay mark up, Generics do"
- Savings to be found by reduction in BC distribution mark up?

CGPA projections as to brand drugs coming off patent next year/few years

- Paul Mochrie shared his projections
- CGPA has reviewed and hopes to have data for discussion June 1

CGPA June 8

Participants: Full CGPA Government Relations Committee

Proposed Agenda topics to date:

Ministry Updates:

- New Minister and Executive Personnel
- Organizational alignment and responsibility

CGPA projections re: future brand drugs coming off patent

- Information to be provided prior to June 8 meeting

NOTE: CGPA has a teleconference with Committee June 1 and expects to have more topics for June 8 agenda following that call

GENERIC ENTRIES - PROJECTED SAVINGS TO BC PHARMACARE												
		Patent Expiry	Generic NOC Date	2010 Brogan Cost	Days in 2012	Generic Sales in 2012 @ 50%	Generic Sales in 2012 @ 40%	2012 Incremental Savings	Days in 2013	Generic Sales in 2013 @ 50%	Generic Sales in 2013 @ 40%	2013 Incremental Savings
Patents off 2012/2013												
TOTAL								8,220,059				12,922,159
Telmisartan	Micardis + Plus	2012-02-15		4,277,044	320	1,874,869	1,499,895	374,974	365	2,138,522	1,710,818	427,704
Tacrolimus	Protopic & Prograf	2013-07-30		79,473	0				154	16,766	13,412	3,353
Rizatriptan	Maxalt	2012-01-28		1,900,383	338	879,903	703,923	175,981	365	950,192	760,153	190,038
Infliximab	Remicade	2012-03-18		36,341,640	289	14,387,307	11,509,845	2,877,461	365	18,170,820	14,536,656	3,634,164
Entacapone	Comtan	2012-03-28		912,924	269	336,406	269,125	67,281	365	456,462	365,170	91,292
Bosentan	Tracleer	2012-06-12		4,848,797	194	1,285,263	1,028,211	257,053	365	2,424,399	1,939,519	484,880
Oxydodone hcl	Oxycontin CR	2012-11-25		7,710,321	36	380,235	304,188	76,047	365	3,855,161	3,084,128	771,032
Candesartan	Atacand	2012-11-19	2011-04-27	6,133,827	365	3,066,914	2,453,531	613,383	365	3,066,914	2,453,531	613,383
Candesartan hcl	Atacand Plus	2012-11-19		1,270,932	43	74,863	59,890	14,973	365	635,466	508,373	127,093
Losartan	Cozaar	2012-01-24		4,456,655	342	2,087,912	1,670,330	417,582	365	2,228,328	1,782,662	445,666
Losartan	Hyzaar + DS	2013-04-09		1,253,143	0				266	456,625	365,300	91,325
Irbesartan	Avapro & Avalide	2016-05-30	2011-03-21	4,749,923	365	2,374,962	1,899,969	474,992	365	2,374,962	1,899,969	474,992
Valsartan	Diovan + HCT	2017	2010-10-08	7,484,869	365	3,742,435	2,993,948	748,487	365	3,742,435	2,993,948	748,487
montelukast sodium	Singulair	2011-10-10		223,968	365	111,984	89,587	22,397	365	111,984	89,587	22,397
rosuvastatin	Crestor	2012-07-02		28,757,636	182	7,169,712	5,735,770	1,433,942	365	14,378,818	11,503,054	2,875,764
clopidogrel	Plavix	2012-08-22		18,542,720	131	3,327,529	2,662,023	665,506	365	9,271,360	7,417,088	1,854,272
Patent Register as of May 30/11												
Savings calculation based on Brogan 2010 sales												

Turnquist, Woodrow HLTH:EX

From: Crawford, Dean (Heenan Blaikie) [DCrawford@Heenan.ca]
Sent: Monday, June 6, 2011 2:01 PM
To: Chan, Dennis HLTH:EX
Cc: Turnquist, Woodrow HLTH:EX; Bethel, John HLTH:EX; Nakagawa, Bob HLTH:EX; Jim Keon
Subject: Projected Savings in BC from new generics
Attachments: BC Pharmacare Savings from upcoming generics.xlsx

Dennis,

As promised, I attach for discussion Wednesday an analysis from the CGPA of potential savings to the BC drug plan regarding brand drugs coming off patent in 2012 and 2013.

Regards,

Dean



Dean A. Crawford
Partner
HEENAN BLAIKIE LLP



T 604 891.1162 F 866 494.4311 M 604 417.4439 drcrawford@heenan.ca
1055 West Hastings Street, Suite 2200, Vancouver, British Columbia Canada V6E 2E9 • heenanblaikie.com
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GENERIC ENTRIES - PROJECTED SAVINGS TO BC PHARMACARE												
		Patent Expiry	Generic NOC Date	2010 Brogan Cost	Days in 2012	Generic Sales in 2012 @ 50%	Generic Sales in 2012 @ 40%	2012 Incremental Savings	Days in 2013	Generic Sales in 2013 @ 50%	Generic Sales in 2013 @ 40%	2013 Incremental Savings
Patents off 2012/2013												
TOTAL								8,220,059				12,922,159
Telmisartan	Micardis + Plus	2012-02-15		4,277,044	320	1,874,869	1,499,895	374,974	365	2,138,522	1,710,818	427,704
Tacrolimus	Protopic & Prograf	2013-07-30		79,473	0				154	16,766	13,412	3,353
Rizatriptan	Maxalt	2012-01-28		1,900,383	338	879,903	703,923	175,981	365	950,192	760,153	190,038
Infliximab	Remicade	2012-03-18		36,341,640	289	14,387,307	11,509,845	2,877,461	365	18,170,820	14,536,656	3,634,164
Entacapone	Comtan	2012-03-28		912,924	269	336,406	269,125	67,281	365	456,462	365,170	91,292
Bosentan	Tracleer	2012-06-12		4,848,797	194	1,285,263	1,028,211	257,053	365	2,424,399	1,939,519	484,880
Oxydodone hcl	Oxycontin CR	2012-11-25		7,710,321	36	380,235	304,188	76,047	365	3,855,161	3,084,128	771,032
Candesartan	Atacand	2012-11-19	2011-04-27	6,133,827	365	3,066,914	2,453,531	613,383	365	3,066,914	2,453,531	613,383
Candesartan hcl	Atacand Plus	2012-11-19		1,270,932	43	74,863	59,890	14,973	365	635,466	508,373	127,093
Losartan	Cozaar	2012-01-24		4,456,655	342	2,087,912	1,670,330	417,582	365	2,228,328	1,782,662	445,666
Losartan	Hyzaar + DS	2013-04-09		1,253,143	0				266	456,625	365,300	91,325
Irbesartan	Avapro & Avalide	2016-05-30	2011-03-21	4,749,923	365	2,374,962	1,899,969	474,992	365	2,374,962	1,899,969	474,992
Valsartan	Diovan + HCT	2017	2010-10-08	7,484,869	365	3,742,435	2,993,948	748,487	365	3,742,435	2,993,948	748,487
montelukast sodium	Singulair	2011-10-10		223,968	365	111,984	89,587	22,397	365	111,984	89,587	22,397
rosuvastatin	Crestor	2012-07-02		28,757,636	182	7,169,712	5,735,770	1,433,942	365	14,378,818	11,503,054	2,875,764
clopidogrel	Plavix	2012-08-22		18,542,720	131	3,327,529	2,662,023	665,506	365	9,271,360	7,417,088	1,854,272
Patent Register as of May 30/11												
Savings calculation based on Brogan 2010 sales												

Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Thursday, May 5, 2011 3:12 PM
To: 'Dean A. Crawford (DCrawford@Heenan.ca)'
Subject: June 8 committee meeting?

Contacts: Dean A. Crawford

Dean – I think I can get a 1.5 - 2 hour block of time June 8 at 1:00 pm if that would work for you and your colleagues.

Would you want to use your boardroom, or would you prefer if I came up with a venue?

We should put together an agenda in advance of this session. Perhaps we could speak next week, or you could canvass your committee members and send through your suggested topics?

(do you want us to completely avoid PSA discussion? – or just mention they are ongoing and not get into detail)

If you could let me know about June 8 and your preferred length of meeting time, I can get it blocked off in everyone's calendar and we can work toward the rest of the detail as we get a bit closer.

Thanks very much

Woodrow (Woody) Turnquist
Director
Stakeholder Relations Branch
Planning and Innovation Division
Ministry of Health
Tel: 250 952 3017
Cell: 250 217 7617
Woody.Turnquist@gov.bc.ca

Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Thursday, May 26, 2011 12:17 PM
To: 'Crawford, Dean (Heenan Blaikie)'
Subject: follow up re: Health Ministry meetings scheduled

Hi Dean –

I wanted to follow up regarding our upcoming meetings scheduled.

I am tied up all day tomorrow (Friday) – appreciate it if we could touch base early next week (Monday preferably) – at least with regard to June 1 call.

June 1 (9:00 – 9:30 am) – Pharmacy Services Agreement discussion (teleconference)

We discussed the possibility that you may be able to provide some written detail regarding the verbal proposal discussed with John Bethel some time ago (and reviewed with me April 28). You were going to touch base with Jim Keon and see how he felt about doing so.

Dean, I understand if you want to keep this verbal only at this point – but I should confirm that as I will then try and find a bit of time to update John and Bob prior to the call (and realistically, that may not be possible). We only have 30 minutes scheduled and so it will be important for you/Jim to quickly fill in the details at the beginning of the call.

June 8 (1:00 – 2:30 pm) – 'Quarterly' meeting with larger committee – your office

Main thing here is to get an Agenda established – ideally one week prior.

Should we be reviewing any element of Pharmacy Services Agreement – i.e. Generic Drugs Pricing? I suspect your members are well aware of the July 4, 2011 and April 2, 2012 price changes (to 40% and then 35% of brand).

Are there any other elements of PSA your members will want to discuss? Or are we better off to stay away from this topic while our other discussions continue (i.e. June 1 call)?

Are you getting any feedback on other topic areas or questions your members may have that would be appropriate as Agenda items?

From Ministry perspective, and based on other recent quarterly meetings, there are a couple of 'update' topics we could discuss (but they will not take a great deal of time) i.e.

Ministry Updates: General/ Organizational

- New Minister and Executive Personnel
- Organizational Alignment and Responsibility

Thanks very much

Turnquist, Woodrow HLTH:EX

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Ministry Updates: General/ Organizational

- New Minister and Executive Personnel
- Organizational Alignment and Responsibility


Thanks very much


Turnquist, Woodrow HLTH:EX

From: Crawford, Dean (Heenan Blaikie) [DCrawford@Heenan.ca]
Sent: Tuesday, May 31, 2011 4:19 PM
To: Turnquist, Woodrow HLTH:EX
Cc: Jim Keon
Subject: FW: New generics - savings projection
Attachments: New generics_savings projection_Mar02.docx

Woody,

As requested, attached is the email and table provided to us by Paul Mochrie back in March regarding projected savings as a result of new generics entering the market. We have done our own analysis which shows that the savings will be larger than this projection and we will refer to it tomorrow. It is not quite ready for distribution, however, but will be prior to the June 8 meeting with the CGPA companies. Thanks.

 Dean A. Crawford
Partner
HEENAN BLAIKIE LLP

 T 604 891.1162 F 866 494.4311 M 604 417.4439 dcrawford@heenan.ca
1055 West Hastings Street, Suite 2200, Vancouver, British Columbia Canada V6E 2E9 • heenanblaikie.com
Please consider the environment before printing this e-mail.

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Ce courriel pourrait contenir des renseignements confidentiels ou privilégiés. Si vous n'êtes pas le véritable destinataire, veuillez nous en aviser immédiatement. Merci.

From: Mochrie, Paul HLTH:EX [mailto:Paul.Mochrie@gov.bc.ca]
Sent: Friday, March 04, 2011 9:32 AM
To: Crawford, Dean (Heenan Blaikie)
Cc: Nakagawa, Bob HLTH:EX; Bethel, John HLTH:EX
Subject: New generics - savings projection

Dean,

Per your request, please find attached a document summarizing the savings we expect to accrue from generic launches anticipated over the next two years. For each molecule, I have provided three estimates: the projected cost at current brand pricing; the projected cost at 50% of brand; and the projected cost at the applicable price point as set out in the Pharmacy Services Agreement. As you may recall, the \$75M savings target that the Province articulated in the discussions leading up to the Pharmacy Services Agreement included net incremental savings on new generics relative to the status quo pricing at that time (i.e. 50% of brand).

You will also note that our current estimates are conservative in terms of the molecules for which we are projecting hard savings. I am happy to discuss further the rationale for this approach.

Please let me know if you have any questions. Certainly, we are interested to understand CGPA's perspective on the attached figures.

Best,
Paul

Paul Mochrie
Executive Director
Business Management, Supplier Relations and Systems
Pharmaceutical Services
BC Ministry of Health Services
tel: 604.660.1303

GENERIC ENTRIES – PROJECTED SAVINGS TO PHARMACARE

	2011/12	2012/13
ANTICIPATED GENERIC ENTRIES – INCLUDED IN PSD AGGREGATE SAVINGS PROJECTION		
Valsartan & Valsartan/HCT		
Projected cost brand price	\$5.7	\$5.9
Projected cost at 50% of brand	\$2.8	\$2.9
Projected cost at PSA price	\$2.3	\$2.1
<i>Incremental savings per PSA</i>	<i>(\$0.6)</i>	<i>(\$0.8)</i>
Rosuvastatin		
Projected cost brand price	\$22.3	\$25.1
Projected cost at 50% of brand	\$22.3	\$16.3
Projected cost at PSA price	\$22.3	\$13.7
<i>Incremental savings per PSA</i>	<i>\$0.0</i>	<i>(\$2.5)</i>
POTENTIAL GENERIC ENTRIES – NOT INCLUDED IN PSD AGGREGATE SAVINGS PROJECTION		
Irbesartan		
Projected cost brand price	\$3.3	\$3.4
Projected cost at 50% of brand	\$1.7	\$1.7
Projected cost at PSA price	\$1.3	\$1.2
<i>Incremental savings per PSA</i>	<i>(\$0.3)</i>	<i>(\$0.5)</i>
Candesartan		
Projected cost brand price	\$5.0	\$5.4
Projected cost at 50% of brand	\$2.7	\$2.7
Projected cost at PSA price	\$2.2	\$1.9
<i>Incremental savings per PSA</i>	<i>(\$0.4)</i>	<i>(\$0.8)</i>
Losartan		
Projected cost brand price	\$2.5	\$2.5
Projected cost at 50% of brand	\$1.5	\$1.2
Projected cost at PSA price	\$1.3	\$0.9
<i>Incremental savings per PSA</i>	<i>(\$0.2)</i>	<i>(\$0.4)</i>
Zolmitriptan		
Projected cost brand price	\$1.8	\$1.8
Projected cost at 50% of brand	\$1.1	\$0.9
Projected cost at PSA price	\$0.9	\$0.6
<i>Incremental savings per PSA</i>	<i>(\$0.1)</i>	<i>(\$0.3)</i>
Clopidogrel		
Projected cost brand price	\$17.8	\$18.4
Projected cost at 50% of brand	\$17.8	\$13.7
Projected cost at PSA price	\$17.8	\$12.3
<i>Incremental savings per PSA</i>	<i>\$0.0</i>	<i>(\$1.4)</i>



**British Columbia Ministry of Health
Pharmaceutical Services Stakeholder Meeting
Canadian Generic Pharmaceutical Association**

Wednesday June 8, 2011 – 1:00 – 2:30 pm
Suite 2200, 1055 West Hastings Street
Vancouver, BC

Agenda

Welcome/Introductions

Health Ministry Updates:

- New Minister and Executive Personnel
- Organizational alignment and responsibility

Issues related to Pharmacy Services Agreement

- Ongoing price reduction process for Generic products
- Delisting of Generic products as a result of BC's Market Test

Patent Expiry Savings Projection Review/Discussion

- CGPA analysis of upcoming Brand drugs coming off patent

Next Steps

Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Thursday, August 4, 2011 9:58 AM
To: Zilkie, Linda HLTH:EX
Subject: Re: Request for T/C Dean Crawford - Heenan Blaikie - Pharmaceutical Services Agreement

Will call to discuss in about an hour. Going into a meeting now

Thanks

Woody

Woodrow (Woody) Turnquist

From: Zilkie, Linda HLTH:EX
Sent: Thursday, August 04, 2011 09:55 AM
To: Turnquist, Woodrow HLTH:EX
Cc: Partington, Nicole HLTH:EX; Moir, Lindsay HLTH:EX
Subject: Request for T/C Dean Crawford - Heenan Blaikie - Pharmaceutical Services Agreement

Hi Woody,

Dean Crawford called this morning asking to a 30 min teleconf with John and yourself in the next week or so to discuss the Pharmaceutical Services Agreement.

I see there is a PSAgreement meeting on Friday August 19, so any intel this call is in regards to that meeting and should precede it?

Linda Zilkie | Assistant to John Bethel

Associate Deputy Minister | Chief Administrative Officer

Ministry of Health

5-3, 1515 Blanshard Street | Victoria BC V8W 3C8 | Phone: 250-952-2402 | Fax: 250-952-1390

linda.zilkie@gov.bc.ca

Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Tuesday, August 16, 2011 12:33 PM
To: Zilkie, Linda HLTH:EX
Cc: Wensley, Stacey HLTH:EX
Subject: Please forward calendar invite to Bob Nakagawa (August 19, 11:45 am – 12:15 pm)

Linda,

could you please forward the "Dean Crawford (Heenan Blaikie)/John/Woody/Jim Keon via phone - discuss Pharmacy Services Agreement" invitation (August 19, 11:45 am – 12:15 pm) to Bob Nakagawa.

Thank you

Woodrow (Woody) Turnquist
Director, Stakeholder Relations
Stakeholder Relations and Transformation
Planning and Innovation Division
Ministry of Health
Tel: 250 952 3017
Woody.Turnquist@gov.bc.ca

Turnquist, Woodrow HLTH:EX

From: Bethel, John HLTH:EX
Sent: Tuesday, September 20, 2011 8:59 AM
To: Nakagawa, Bob HLTH:EX
Cc: Chan, Dennis HLTH:EX; Turnquist, Woodrow HLTH:EX
Subject: FW: Generic Pricing

FYI...

I spoke to Dean...told him generally what the plan is and told him that I was unsure when but soon.

JB

John Bethel
Chief Administrative Officer
Ministry of Health

-----Original Message-----

From: Crawford, Dean (Heenan Blaikie) [<mailto:DCrawford@Heenan.ca>]
Sent: Tuesday, September 20, 2011 7:23 AM
To: Bethel, John HLTH:EX
Subject: Generic Pricing

John,

There is a rumour within the generic industry about an imminent (perhaps as early as today) announcement in BC. Specifically, an early reduction on reimbursement rates to 35 per cent of brand. If there is anything to this can you please call me ASAP on my cell at S17 or let me know of a good time to reach you? I am normally very cautious about these types of rumours, but this one seems to have some fairly specific information.

Regards,

Dean

This e-mail may contain confidential or privileged information. If you are not the intended recipient, please notify us immediately. Thank you.

Ce courriel pourrait contenir des renseignements confidentiels ou privilégiés. Si vous n'êtes pas le véritable destinataire, veuillez nous en aviser immédiatement. Merci.

Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Wednesday, September 21, 2011 9:55 AM
To: 'Crawford, Dean (Heenan Blaikie)'
Cc: Bethel, John HLTH:EX; Nakagawa, Bob HLTH:EX
Subject: RE: Meeting with Minister de Jong

Hi Dean,

Yes, Tuesday September 27. At this time the 1:00 – 2:00 pm is still officially tentative – but please work with that time and I will confirm with you as soon as I have formal confirmation

Thanks very much

Woodrow (Woody) Turnquist
Director, Strategic and Corporate Services
Office of the Chief Administrative Officer
Ministry of Health
Tel: 250 952 1798
cell: 250 217 7617
Woody.Turnquist@gov.bc.ca

From: Crawford, Dean (Heenan Blaikie) [<mailto:DCrawford@Heenan.ca>]
Sent: Wednesday, September 21, 2011 9:48 AM
To: Turnquist, Woodrow HLTH:EX
Subject: Meeting with Minister de Jong

Woody,

I've spoken with Jim and he can attend the meeting with the Minister. We will do our best to obtain senior level participation from our member companies as well.

To confirm the details:

Tuesday, September 27, 1 pm at the Premier's office in Vancouver.

Thanks.

Dean A. Crawford
Partner
HEENAN BLAIKIE LLP

T 604 891.1162 F 866 494.4311 M 604 417.4439 dcrawford@heenan.ca
1055 West Hastings Street, Suite 2200, Vancouver, British Columbia Canada V6E 2E9 • heenanblaikie.com
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Turnquist, Woodrow HLTH:EX

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Sent: Wednesday, September 21, 2011 9:48 AM
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Dean A. Crawford
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**Generic Drug Agreement
Meeting Information for Minister
Meeting with Generic Drug Manufacturers and Pharmacy
September 27, 1:00 – 2:00 pm
#420 – 700 West Pender St, Vancouver**

Table of Contents

1. Minister de Jong Speaking Notes
2. Industry Meeting Participants List
3. Issues Note: Generic Drug Agreement Savings (September 13, 2011)

Minister de Jong Speaking Notes
September 27; 1:00 – 2:00 pm

- Thanks for coming. I know that some of you have come a great distance and rearranged your schedules and commitments to be here. This is a critically important issue that we need to deal with.
- I also recognize that you are not entirely comfortable that we have decided to hold a single meeting with both pharmacy and generic manufacturers together. To be frank, though, the fact that there is a non-transparent link in the supply chain between your industries is a major source of the problem I want to discuss today.
- Our experience with individual meetings is that we experience endless discussions on why “our link is not to blame for the problem”. We are here to say that the agreement represents a single hand to shake (or throat to choke) and that we expect that the pharmacy associations to represent all interests (including their suppliers) when negotiating savings and making commitments.
- When we negotiated the Pharmacy Services Agreement, we compromised and worked together as partners. We celebrated our ability to come to a negotiated agreement. By doing so, we declined to pursue tendering; a legislated price ceiling and other means that would have worked better than the Agreement has. There are some that feel your industry knew we would not be reaching our targeted savings and that you knowingly “pulled the wool” over our eyes. I cannot be sure those voices are wrong.
- We agreed to a higher price point than Ontario, and we have been greatly criticized for that. We only went to 35% over 3 years instead of 25% right away. We let you continue with your rebates. We paid you more for what you do, and expanded what we paid for. We did this because we believed a strong relationship, a shared commitment to efficient distribution and access to pharmacy services was more important than the lowest price for generics.
- Our critics are saying that we didn’t go far enough, that we should have done what Ontario did. Now they will be saying that we didn’t even get what we bargained for.
- We are seen as leaders in the country. I would be proud of that if I didn’t know the sad truth. We aren’t seeing the savings that we agreed to
- Savings by year 3 were to be \$170 Million per year, with \$75M for government and \$95M to be reinvested into pharmacy through fees and services.
- I am very disappointed; and even more disappointed that while government is projected to get less than half of our money, that pharmacy is getting all of yours. That just isn’t right. It needs to be fixed.
- I know that you have been talking with staff about this, and that you have come to the table with some cash, but it isn’t enough. We’ll take what you’ve put on the table, but I am here to tell you that we need to arrive at an agreement that guarantees us our share of the savings and that does not result in perpetual negotiation and public failure of the model we all want to succeed.
- If you fail to provide such an agreement, we will terminate the agreement and take other unilateral action. It will be a painful process for both of us, and we will not go through that pain to simply realize the \$75M in savings. We will target significantly more savings, as we will need to answer the critics that feel we did not go far enough the first time. This will not only put you in a tougher situation in BC, but will result in other provinces doing the same. It really is in the interests of pharmacies and manufacturers to make us whole quickly.
- Sorry for the tough message, I truly do hope that we are able to come to a positive conclusion.

Turnquist, Woodrow HLTH:EX

From: Crawford, Dean (Heenan Blaikie) [DCrawford@Heenan.ca]
Sent: Friday, September 30, 2011 2:00 PM
To: Turnquist, Woodrow HLTH:EX
Subject: Oct 11

Woody,

Spoke to Jim and we are fine with proceeding Oct. 11 at 3:30 and also with providing feedback on the 12th or early 13th directly through you or by email. Thanks.

This e-mail may contain confidential or privileged information. If you are not the intended recipient, please notify us immediately. Thank you.

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Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Wednesday, October 5, 2011 9:09 AM
To: 'Crawford, Dean (Heenan Blaikie)'
Cc: 'Jim Keon'; Bethel, John HLTH:EX; Nakagawa, Bob HLTH:EX; Chan, Dennis HLTH:EX
Subject: RE: Savings Targets

Dean,

Government shortfall ("savings target") for fiscal 2011/12 is \$36M

For fiscal 2012/13 projected shortfall is \$45M

Woodrow (Woody) Turnquist
Director, Strategic and Corporate Services
Office of the Chief Administrative Officer
Ministry of Health
Tel: 250 952 1798
cell: 250 217 7617
Woody.Turnquist@gov.bc.ca

From: Crawford, Dean (Heenan Blaikie) [<mailto:DCrawford@Heenan.ca>]
Sent: Tuesday, October 4, 2011 10:38 AM
To: Bethel, John HLTH:EX; Nakagawa, Bob HLTH:EX; Turnquist, Woodrow HLTH:EX
Cc: Jim Keon
Subject: Savings Targets

John, Bob and Woody,

In preparation for our call with you next week, the CGPA requests confirmation of the particular dollar amounts you are seeking to save during the current fiscal year (2011-2012) and the next fiscal year (2012-2013).

In our meeting on June 8, 2011, you told us that for the current fiscal year the incremental cost of exception products as opposed to the standard reimbursement rate of 40 percent is estimated to be \$23.6 million. We requested a breakdown of these figures and Dennis Chan sent the attached email and spreadsheet to us which shows the costs. You also told us during our meeting that for the 2012-2013 fiscal year you estimate the incremental cost of exception products as opposed to a standard reimbursement rate of 35 percent will be \$45 million.

You also indicated that in its original estimates of savings, BC had used a higher reimbursement rate (65 percent was stipulated in the news release) than the actual figure, which was about 58 percent. You indicated this disparity may account for about \$10 million in the savings you are not realizing.

It would be very helpful to us if you could confirm:

1. What is your target for additional savings for the rest of this fiscal year?
2. What is your target for additional savings during the 2012-2013 fiscal year. In other words, how much more in savings do you need to realize during the next fiscal year to achieve your target?

If it is possible to obtain this information in the next few days, that would be appreciated. Thank you.

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From: Tan, Dominic HLTH:EX [mailto:Domino.Tan@gov.bc.ca]**Sent:** Wednesday, June 22, 2011 4:53 PM**To:** Crawford, Dean (Heenan Blaikie)**Cc:** Nakagawa, Bob HLTH:EX; Bethel, John HLTH:EX; Chan, Dennis HLTH:EX; Ghouse, Ray HLTH:EX**Subject:** PSA - Cost of Exceptions

Hi Dean,

Dennis asked me to send this email to you on his behalf.

Further to the meeting on June 8th, 2011, please see the attached spreadsheet below for a detailed summary of the estimated cost of exceptions for Fiscal 2011/12 in respect of the Pharmacy Services Agreement.

The exception costs is based on the difference between the target MALP and the eventual Full Benefit List Price of the LCA category resulting from exceptions being granted.

Should you have any questions, feel free to contact Dennis or myself. There may be a delayed response from Dennis as he is
S22 but my number is 604-660-5427.

Regards,
Dom

Turnquist, Woodrow HLTH:EX

From: Crawford, Dean (Heenan Blaikie) [DCrawford@Heenan.ca]
Sent: Thursday, December 22, 2011 2:45 PM
To: Turnquist, Woodrow HLTH:EX
Subject: RE: Meeting with Ministry

Thanks Woody. I'm checking with Jim and hopefully will have a response by tomorrow.

Regards,

Dean

Heenan Blaikie
Best Workplaces in Canada
Dean A. Crawford
Partner
HEENAN BLAIKIE LLP

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-----Original Message-----

From: Turnquist, Woodrow HLTH:EX [<mailto:woody.turnquist@gov.bc.ca>]
Sent: Thursday, December 22, 2011 2:43 PM
To: Crawford, Dean (Heenan Blaikie)
Subject: Meeting with Ministry

Hi Dean

Wondering if Friday Jan 13 might work for you and Jim to meet with John B and Bob N?

9am in Vancouver would work or we could do a teleconference if you prefer

Hope this may work for you - not a lot of options for John and Bob in January


Thanks

Woody


Turnquist, Woodrow HLTH:EX

From: Crawford, Dean (Heenan Blaikie) [DCrawford@Heenan.ca]
Sent: Wednesday, February 1, 2012 10:22 AM
To: Turnquist, Woodrow HLTH:EX
Cc: 'Jim Keon'
Subject: RE: Teleconference: John Bethel; Bob Nakagawa

Woody, yes, that works. Please forward call-in information to us. Thank you.



Dean A. Crawford
Partner
HEENAN BLAIKIE LLP



T 604 891.1162 F 866 494.4311 M 604 417.4439 dcrawford@heenan.ca
1055 West Hastings Street, Suite 2200, Vancouver, British Columbia Canada V6E 2E9 • heenanblaikie.com
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From: Turnquist, Woodrow HLTH:EX [<mailto:woody.turnquist@gov.bc.ca>]
Sent: Wednesday, February 01, 2012 9:57 AM
To: Crawford, Dean (Heenan Blaikie)
Cc: 'Jim Keon'
Subject: Teleconference: John Bethel; Bob Nakagawa

Hi Dean,

With regard to your request for a teleconference this week with John and Bob –

They are available at 9:00 am (Pacific) tomorrow, Thursday February 2.

Please let me know ASAP if this will work for you/Jim and I will forward dial-in information.

Thanks

Woodrow (Woody) Turnquist
Director, Strategic and Corporate Services
Office of the Chief Administrative Officer
Ministry of Health
Tel: 250 952 1798
cell: 250 217 7617
Woody.Turnquist@gov.bc.ca

Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Thursday, February 2, 2012 10:17 AM
To: 'Crawford, Dean (Heenan Blaikie)'
Subject: Feb 10 MoH teleconference (follow up to Feb 2 discussion)

Hi Dean –

Given the time frame discussed today, I have set a teleconference for **Friday February 10.**

Time 9:00 Pacific

Dial-in: S15, S17

Participant ID S15, S17

Please confirm that this date/time will work for you and Jim.

Thanks,

Woodrow (Woody) Turnquist
Director, Strategic and Corporate Services
Office of the Chief Administrative Officer
Ministry of Health
Tel: 250 952 1798
cell: 250 217 7617
Woody.Turnquist@gov.bc.ca

Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Tuesday, February 28, 2012 3:25 PM
To: 'Crawford, Dean (Heenan Blaikie)'
Subject: Conference call request - John Bethel, Wed Feb 29, 10:30 am

Hi Dean,

John has asked me to set up a call for **tomorrow (Wednesday Feb 29) morning at 10:30am for approximately 15 minutes.**

If Jim can participate as well that would be great.

I'd appreciate it if you could confirm participation by return email

Please find conference call information below.

Dial-in: S15, S17

Participant ID: S15, S17

Thanks very much

Woodrow (Woody) Turnquist
Director, Strategic and Corporate Services
Office of the Chief Operating Officer
Ministry of Health
Tel: 250 952 1798
cell: 250 217 7617
Woody.Turnquist@gov.bc.ca

Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Wednesday, February 29, 2012 11:11 AM
To: 'Crawford, Dean (Heenan Blaikie)'
Subject: RE: BC Health Ministry to provide technical briefing on lowering cost of generic drugs

I appreciate your position Dean, but unfortunately this is a Government Communications and Public Engagement (the former Public Affairs Bureau) call.

It may be an issue of ensuring a level playing field for all stakeholders (i.e. pharmacy or others are not calling in)

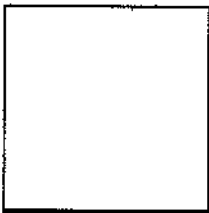
However – after the briefing to media and Minister's announcement/scrum etc is complete I can send you a copy of the technical briefing PPT.

Woody

From: Crawford, Dean (Heenan Blaikie) [<mailto:DCrawford@Heenan.ca>]
Sent: Wednesday, February 29, 2012 10:58 AM
To: Turnquist, Woodrow HLTH:EX
Subject: RE: BC Health Ministry to provide technical briefing on lowering cost of generic drugs

Woody,

I appreciate that, but given the importance of the subject, and provided that I agree not to ask any questions but just listen, could you accomodate this request?

	<p>Dean A. Crawford Partner HEENAN BLAIKIE LLP</p> <p>T 604 891.1162 F 866 494.4311 M 604 417.4439 dcrawford@heenan.ca 1055 West Hastings Street, Suite 2200, Vancouver, British Columbia Canada V6E 2E9 • heenanblaikie.com Please consider the environment before printing this e-mail.</p>
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This e-mail may contain confidential or privileged information. If you are not the intended recipient, please notify us immediately. Thank you.
Ce courriel pourrait contenir des renseignements confidentiels ou privilégiés. Si vous n'êtes pas le véritable destinataire, veuillez nous en aviser immédiatement. Merci.

From: Turnquist, Woodrow HLTH:EX [<mailto:woody.turnquist@gov.bc.ca>]
Sent: Wednesday, February 29, 2012 10:55 AM
To: Crawford, Dean (Heenan Blaikie)
Subject: Re: BC Health Ministry to provide technical briefing on lowering cost of generic drugs

Sorry Dean our communication folks indicate it is media only for dial in line

Woody

Turnquist, Woodrow HLTH:EX

From: Turnquist, Woodrow HLTH:EX
Sent: Friday, March 2, 2012 9:26 AM
To: 'Crawford, Dean (Heenan Blaikie)'
Cc: Turnquist, Woodrow HLTH:EX
Subject: S13

Hi Dean –

You can expect an email at some point today from Darlene Therrien with regard to

S13

The preference is for face to face meeting, though Darlene can also organize a “Live Meeting” teleconference, depending on mutual timing and availability. The intention is to have this meeting next week (week of March 5).

Hope this info is of assistance.

Woodrow (Woody) Turnquist
Director, Strategic and Corporate Services
Office of the Chief Operating Officer
Ministry of Health
Tel: 250 952 1798
cell: 250 217 7617
Woody.Turnquist@gov.bc.ca

DM: BN - JB - W

DETR
Junker

①

CEPA
PSA

FEB. 14 ¹¹
Agreement

②

CETA

The most important thing from I.P. perspective
most important since 1984 - NOC Reg's

Patent Term extension would have most
negative impact (100 years)

QC - Re-thinking in light of costs (P/T)
BC - Minister Hansen statement (whether not
see Patent changes)

BN -

paper based on draft negotiating notes
how does process work go FUD

P.C

Several Panels - this not on table now
Act of Parliament to amend Patent Act
and possibly NOC Reg's (Right to App

CETA
points

①

Right to Appeal - know this section
- decision by Fed. Court of Appeal

Brands have 2 shots to stop

Blanes want to file appeal (not currently allowed) Decision by Fed. Court of appeal.)

(2) Patent Extension

Blanes want

- H/Campus ~~starts~~ Review time added on to Patent back end.

(3) DATA Protection

- Generates provide scientific evidence, not double-blind trials

- Right now, for 7 years cannot look @ Blanes scientific DATA

JB BC perspective on cost

PM - in touch w/ Gov't folks to ensure they understand impacts/cost (to BC Prov. Rep - their staff) they have strong interest in #5.)

BC

→

Can they brief BC Reps at table? and/or new Minister

- Jim Kean -
- next panels in April & July
 - FERS want a deal this year
 - Pharma provisions not yet debated
 - STUDY Release "very timely"
 - FERS LIKED TRANSPARENCY OF STUDY.

PM - BC trade people have CETA Report.

JJK - Report based on products that came on in 2010

Pharmacy Services Agreement

PM - put together a list of patent expiry

- JB - pursuing this ~~the~~ issue
- MUST FIND TIME
 - triggers in Oct 2011 to cancel PSA

JB: will need some way to validate expected savings on go funds

- make pool of \$ bigger; keep ^{taking} ~~take~~ off \$ as promised

OR - Take off less \$ than currently

→ things can change anytime if Mottet Pharmacy agree.

→ on Apr 1 2022 thru Agreement

J/K - DISTRIBUTION COSTS

- AC changed their approach
- SK looking at it
- Be & on allow for AUTO mark-up regardless of DISTIN COST

JB - Willing to look at all options

SK - wholesalers say - \$ they get, a portion goes back to PH to get the business

in AC - cannot do more than 2% (regulation) prompt payment

(PH) only get distn \$ if they pay it should

DC. - Discussion re: Limiting or requiring Reports re: REBATES

- we now have ability to ask for that info

JK -

- Rebates big issue when ON
made changes

- Not much happens in QC

JB

- IF we receive PH to
Report Rebates - then the \$
is out there

no
legislation in
place re
Rebates
Prof. Allowances

- Right now we can't control →
just ask for Rebate Reporting

DC -

IF CBPA can put funding proposal,
it could find its way into
Listing Agreements

BN -

need to quantify \$ from Exceptions

JB -

can we get savings from an
agreement directly w/ Generics?

BN

- if we continue to give exceptions
how do we make \$ back.

P/A - Prof. Allowances (Kerns)

CGA-

will need control on P/A
& Dist'n costs in order to
deal direct w/ CGA for
a deal

BC-

lots of Pharmac
NO Generic jobs

- DUR LIABILITY
- PH pays back
extra PAs to
Gov't

ON + QC - - Control PAs
- QC changed DISTN

JB-

Listing Agreement w/ all generics?
include P/A wording

HAVE LIABILITY ON BOTH SIDES TO
Follow RULES

PH have to have rules around PAs
so they follow rules

② Can't get PH to agree w/ that
legislation etc as back bone?

③ unless it is in Pharmacy Agreements
w/ each Pharmacy -

MURD MR

to

4:20

Should I

go to

3:20?

JP-

Bring CGPA in as we
go along

- CGPA validate any DATA
from PIA.
- CGPA provide proposals and/or
review any PIA proposals

CGPA will come forward w/ proposals
for discussion

CGPA - June 1

Ofc. Discussion RE: PSA of Pharmacy

- June 8

= 5-6 companies attending

3-4 ISSUES:

- ① Ongoing price reduction process - Carry up to next Drop
- ② - Delisting of products
BC prices asking lower than
ON & ON

CGPA understanding BC going to 35% not 25%
BC acknowledged prices to be higher than ON
CGPA understanding } NOT lower based on BC
NOT Regulating PROF. Allowance

JB - DIDN'T say BC lower than ON

JM & Bibu - we didn't link to ON ~~ON~~
Companies are doing this link

JM CGPA would like to explain why they
K DID NOT go price - they want to
be able to match price

Jim (Why is 40% of brand in BC is lower than
30% in Quebec?)

Bob - Must get details / e.g.'s of this

JB - Object to fact that
they are paying rebates on
Exception Drugs

DC - CGPA provided table showing BC
getting ON price on most
majority of products (exceptions)

Jim/C. surprised BC not getting savings

JB/BV - it's the exceptions that are
costing BC the savings

CGPA - we want ON prices w/out
regulatory prof allowances

Jim K -

CBR comp's make changes w/
BC exception policy from any
other part

(3) CBR exceptions

(9) savings projections on Patent Expires
+ CBR has extra info

PSA Projected SAVINGS

- BC Mark up 8%
QC; SK Mark up 6%

Pharmacy has a rich agreement

Dollar value of 8' Dist'n M/V

\$20M estimate original

24M current estimate

~~Smoke - Caption~~

~~JB - wants to see \$s for both~~

~~Dist'n options~~

~~— Need the costing for both options!~~

~~— include Warehousing & other costs~~

Outflow

from

Bill?

(1)

needs to figure this out

ENB 8 - CGPA

①

See Document (A) provided

② - How are Generics the cause of Gov't
not realizing savings. ③

\$47 M in 3rd year
DUP. Fee

OB - OUT OF \$170 M savings } \$100 M 10-inventories
\$75 M back into ~~system~~
Gov't

Exception Figures - \$23.3 M this fiscal year
45 M next fiscal



NOTE There is a discrepancy between
EXCEPTIONS #'s. NEED TO ALIGN #'s

\$
- CGPA SAYS 4.3 M
- Gov't SAYS \$23.3 M

John → CBPA ~~AL~~ only includes
3 months of 2011.

Our numbers fiscal year 2011/2012

- Some categories we did not pay LCA price fully

JX 20% of ~~Multi-source~~ SPEND represented by Exceptions

JK What is incremental cost of Exceptions

DEAN C - Can Dennis put together
ACTION DATA in same format as what
PM originally provided

JB - Minister will know exactly where
we are at. JS will be
TRANSPARENT

- why not go ahead and do something
else & not be in perpetual
negotiation?

JS will be relentless in getting
Savings.

IDEAS FOR SAVINGS

JIC-

SK

- Same generic price as BC
- * - 6% disting w/ PROOF of DISTIN (CBC is 8%)

This is what
Pharma suggested
(\$7M)

- Look @ Big molecules -
get savings from Pharma

- * - Just Go to 35%
DON'T PHASE IT IN.

- SUE BRAND FOR Lost savings
BY INVALID PATENT
LAWSUITS (ie DAMAGES -
paying Brand price for
extra years)

Look at MARK-UP
across the board, not
just generic

- MARK UP ON BRAND
PREDLITS SHOULD NOT BE
SAME AS GENERIC

Gov't CAN Re-open RPA IN OCT. 2011

- IF still getting Generics @ 85%
we can DO what we want
in terms of MARK UP etc
- Separate agreement of Generic Mfrs
in terms of 35% + an
Exceptions Process

J/B - How can we get to 25% w/out agreement

J/K - only if we legislate/control Prof. Accoamas

- would have to legislate to make it work

EXCEPTIONS
2/3 of BC Generic prices
same or lower than ON.

Simple -



IF PSA deal ends,
would not change agreement on
generic price levels

De-Listing Discussion

- no other products de-listed in
other jurisdictions

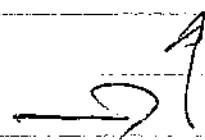
< cumbersome; complex

- ASKING FOR OPP'T TO MATCH

B/W

> Come in w/ Best Price possible
Right off.

→ ~~could~~



[] Dean C-

More pheros coming into
Generic than anticipated

→ Some more coming each
year due to Generic
LITIGATION

Jim K

- Need Generic industry to be
aggressive - LITIGATION BRINGS
Drugs to market early

**Estimate of PharmaCare Savings on Generic Drugs During Round One Pricing
(October 2010 to July 2011)**

PharmaCare generic drug spend 2009-2010:

\$286 million

B.C. estimates it previously was paying an average of 65 percent of brand prior to price reductions.

Assuming a static spend during Round One, total estimated PharmaCare spend on generic drugs during Round One if prices had remained at 65 percent of brand:

\$214.5 million (\$286 million per year multiplied by nine months)

Using actual prices during Round One of 50 percent of brand (23.5 percent reduction in prices), then total generic spend in Round One:

\$165,165,000 for a total savings on generic spend of \$49,335,000

(for nine months only – annualized savings would be \$65,780,000)

Data provided by PSD (December 2010) on estimated cost to BC of exceptions on generic products during round one:

\$4.3 million

(based on difference between 50 percent of brand and actual MALP)

Net savings on generic drugs during round one after removal of exception products:

\$45.005 million

(Note that cost to B.C. of exception prices, when compared to ODB and Quebec prices approximately \$1.28 million during Round One.)

**Estimate of PharmaCare Savings on Generic Drugs During Round Two Pricing
(July 2011 to April 2012)**

PharmaCare generic drug spend 2009-2010:

\$286 million

B.C. estimates it previously was paying an average of 65 percent of brand prior to price reductions.

(P)

Assuming a static spend during Round Two, total estimated PharmaCare spend on generic drugs during Round Two if prices had remained at 65 percent of brand:

\$214.5 million (\$286 million per year multiplied by nine months)

Using actual prices during Round Two of 40 percent of brand = 38.5 percent reduction in prices, then total generic spend in Round Two:

\$165,165,000 for a total savings on generic spend of **\$82,583,000**

(for nine months only – annualized savings would be \$110,110,000)

Estimated costs to BC on exception products during Round Two as yet undetermined.

FOR JUNE 8, 2011

CGPA meeting

GENERIC ENTRIES - PROJECTED SAVINGS TO BC PHARMACARE												
		Patent Expiry	Generic NOC Date	2010 Brogan Cost	Days in 2012	Generic Sales in 2012 @ 50%	Generic Sales in 2012 @ 40%	2012 Incremental Savings	Days in 2013	Generic Sales in 2013 @ 50%	Generic Sales in 2013 @ 40%	2013 Incremental Savings
Patents off 2012/2013												
TOTAL								8,220,059				12,922,159
Telmisartan	Micardis + Plus	2012-02-15		4,277,044	320	1,874,869	1,499,895	374,974	365	2,138,522	1,710,818	427,704
Tacrolimus	Protopic & Prograf	2013-07-30		79,473	0				154	16,766	13,412	3,353
Rizatriptan	Maxalt	2012-01-28		1,900,383	338	879,903	703,923	175,981	365	950,192	760,153	190,038
Infliximab	Remicade	2012-03-18		36,341,640	289	14,387,307	11,509,845	2,877,461	365	18,170,820	14,536,656	3,634,164
Entacapone	Comtan	2012-03-28		912,924	269	336,406	269,125	67,281	365	456,462	365,170	91,292
Bosentan	Tracleer	2012-06-12		4,848,797	194	1,285,263	1,028,211	257,053	365	2,424,399	1,939,519	484,880
Oxydodone hcl	Oxycontin CR	2012-11-25		7,710,321	36	380,235	304,188	76,047	365	3,855,161	3,084,128	771,032
Candesartan	Atacand	2012-11-19	2011-04-27	6,133,827	365	3,066,914	2,453,531	613,383	365	3,066,914	2,453,531	613,383
Candesartan hcl	Atacand Plus	2012-11-19		1,270,932	43	74,863	59,890	14,973	365	635,466	508,373	127,093
Losartan	Cozaar	2012-01-24		4,456,655	342	2,087,912	1,670,330	417,582	365	2,228,328	1,782,662	445,666
Losartan	Hyzaar + DS	2013-04-09		1,253,143	0				266	456,625	365,300	91,325
Irbesartan	Avapro & Avalide	2016-05-30	2011-03-21	4,749,923	365	2,374,962	1,899,969	474,992	365	2,374,962	1,899,969	474,992
Valsartan	Diovan + HCT	2017	2010-10-08	7,484,869	365	3,742,435	2,993,948	748,487	365	3,742,435	2,993,948	748,487
montelukast sodium	Singulair	2011-10-10		223,968	365	111,984	89,587	22,397	365	111,984	89,587	22,397
rosuvastatin	Crestor	2012-07-02		28,757,636	182	7,169,712	5,735,770	1,433,942	365	14,378,818	11,503,054	2,875,764
clopidogrel	Plavix	2012-08-22		18,542,720	131	3,327,529	2,662,023	665,506	365	9,271,360	7,417,088	1,854,272
Patent Register as of May 30/11												
Savings calculation based on Brogan 2010 sales												

GENERIC ENTRIES – PROJECTED SAVINGS TO PHARMACARE

	2011/12	2012/13
ANTICIPATED GENERIC ENTRIES – INCLUDED IN PSD AGGREGATE SAVINGS PROJECTION		
Valsartan & Valsartan/HCT		
Projected cost brand price	\$5.7	\$5.9
Projected cost at 50% of brand	\$2.8	\$2.9
Projected cost at PSA price	\$2.3	\$2.1
Incremental savings per PSA	(\$0.6)	(\$0.8)
Rosuvastatin		
Projected cost brand price	\$22.3	\$25.1
Projected cost at 50% of brand	\$22.3	\$16.3
Projected cost at PSA price	\$22.3	\$13.7
Incremental savings per PSA	\$0.0	(\$2.5)
POTENTIAL GENERIC ENTRIES – NOT INCLUDED IN PSD AGGREGATE SAVINGS PROJECTION		
Irbesartan		
Projected cost brand price	\$3.3	\$3.4
Projected cost at 50% of brand	\$1.7	\$1.7
Projected cost at PSA price	\$1.3	\$1.2
Incremental savings per PSA	(\$0.3)	(\$0.5)
Candesartan		
Projected cost brand price	\$5.0	\$5.4
Projected cost at 50% of brand	\$2.7	\$2.7
Projected cost at PSA price	\$2.2	\$1.9
Incremental savings per PSA	(\$0.4)	(\$0.8)
Losartan		
Projected cost brand price	\$2.5	\$2.5
Projected cost at 50% of brand	\$1.5	\$1.2
Projected cost at PSA price	\$1.3	\$0.9
Incremental savings per PSA	(\$0.2)	(\$0.4)
Zolmitriptan		
Projected cost brand price	\$1.8	\$1.8
Projected cost at 50% of brand	\$1.1	\$0.9
Projected cost at PSA price	\$0.9	\$0.6
Incremental savings per PSA	(\$0.1)	(\$0.3)
Clopidogrel		
Projected cost brand price	\$17.8	\$18.4
Projected cost at 50% of brand	\$17.8	\$13.7
Projected cost at PSA price	\$17.8	\$12.3
Incremental savings per PSA	\$0.0	(\$1.4)

CBPP

Aug. 19

Dem Chik Koon
Sim Koon

W. S.B. BN
Dikhan

UPDATE RE. PSA.

JB - General Update

COT- 2 -

Triggered For 60 DAY
DISCUSSION - that can
END UP w/ PSA
TERMINATED APRIL 1, 2012

DEANC

Will savings come from
PRICE of DRUGS or Pharma
fees - Dispensing fee et.

- Solution for this year - based on
what pharmacies
can come up with

- My plans to change %
of reimbursement

John

- not locked in to any solution
at this time

BB/ not looking to change agreements

- Dennis concurred

J/K - Bx pricing Model capped. BY SK
NB, NS & maybe NL.

J/B - OPTIONS FOR NEXT YEAR NOT
Determined/ Chosen

< - STILL INVITING CBPA to come
w/ IDEAS/SOLUTIONS

- Underlined that Gov't will
STILL get their savings.

- OCT. 1 2011 DEADLINE
FOR NOTICE TO BE DELIVERED.
- 60 DAY PERIOD DISCUSSION
- THEN COULD Pick up
Agreement April 1, 2012

d/crow - Other provinces took steps to
curtail PROF. Allowances

W-> Pharmacy solution claws back ^{From} Pharmacy -
not Generics - yes?

- JB -

can't change % of
reimburse this year

But next year we
could go to 25%

Dem C -

get to a point where
something is being considered
CGPA would like to
be notified so they can
comment

Jim K

Want to have generics
at low price -

But if CETA comes thru
& generics not available -
then it won't matter

Dem C

Minister De Jans, Minister
of Fed. Minister ED
FAST That BC should
not be soaked w/ extra
costs from CETA

- anyone else CGPA should
meet with → let CGPA know

Jim K

- Europe tabled proposals
- Canada said not too interested
- Europe said important to them
- AS FAR AS IT HAS GONE

- * - probably one of the ~~last~~ / LAST DECISIONS IN NEGOTIATION
- go to CABINET - political decision
- IF FENS don't hear from PROVINCES - they ASSUME CONSENT (or others)

John

- large rebates still paid IN MARKET
- why don't generics reduce the \$ they pay?

Jim K

- no good answers
- no one wants to walk them any business
- always someone who will pay



- PBC could trigger aspect of listing agreement where they CAN ASK FOR ROBATE DATA

Bob N

- If we must grow
exceptions, they
would have to really
decide what they
could do it for.

Jim K

- try talk w/ Co's
about being reasonable
in meeting MAAP
but CCPT does not
have control

- Dennis Anton

- a lot of exceptions
are just to
protect price in ON

Dean -

overall reduction in
generic spend - end of
3 yr - projected @ \$100m

Justin

- now targeted to \$25m

Dean

- more if we had
not re-invested in
Pharmacy

- Jim

Absent an aggressive
push to curtail PROF.
allowances - their Co's
cannot pay lower

Dean

2 ways

① lower re-imburse $\%$

- QC went to 25% w/ at control on rebates
- Companies "could not sell" public - no one submitted prices at new level.

- QC came back to negotiate.
- Forced PROF fee
- Price MARK UP

John

- o PAY 8% on cell
 - o RAISED DISPER fee (\$)
 - o \$30M into MED MGMT
- \$50-60M

BR

different things

Dean -

not getting incremental savings
still getting a lot from providers
NET SAVING \$25 M
RE-INVESTED \$50 M
\$75 M



JB

- we can legislate on getting a deal

Dean

- (A) lower ~~them~~ Reimbursement Rates i.e. 25%
on
- (B) Remove payments to Pharma

Bob

- or get # of Exceptions down

What is actual price in ON
NET of Rebates
sell to BC at that Rate.

Dennis -

Molecules not listed in ON
are a large % of Exceptions
in BC.

October 11, 2011 – CGPA call participants

Name	Title	Affiliation
✓ Dean Crawford	consultant	CGPA
✓ Jim Keon	President	CGPA
✓ Benjamin Gray ✓ <i>MANUL MINT</i>	Legal & General Counsel	Mylan
✓ Jacques Bergeron	Vice-President, Government and Trade Relations	Sandoz
○ Jane Farnham-Verway	Vice President, Corporate Affairs	Cobalt Pharmaceuticals
✓ Ray Haymour		Cobalt Pharmaceuticals
✓ Mario Deschamps	President and COO	Pharmascience
○ Norma Beauchamp	Consultant,	Pharmascience
○ Patrick Nadeau	Director, New Products Pipeline Development	Pharmascience
✓ Paul Drake	President and General Manager	Ranbaxy
✓ Paula Marchione	Vice President, Sales and Marketing	Taro Pharmaceuticals
✓ Terry Creighton	Vice President, Government Relations	Teva Canada
✓ <i>JASON SOLAR</i> Peter Hardwick	Vice President, Marketing and Professional Services	Apotex

Dennis Chan

Jim Keon
President
Canadian Generic Pharmaceutical Association
4120 Yonge Street
Toronto, ON M2P 2B8

✓ cc/BW

Dear Jim

Thank you for your letter of October 25, 2011 where you present your member companies' perspective regarding British Columbia's reimbursement policies for dispensing generic drugs that are not priced at the standard listing prices set by the Ministry of Health.

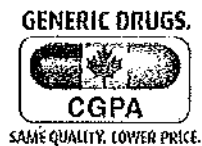
We appreciate your persistence and candour in detailing your industry's concerns as well as the ongoing, open dialogue we enjoy with both the Canadian Generic Pharmaceutical Association and many of your member companies.

As you know, we have formally re-opened negotiations on the Pharmacy Services Agreement with the British Columbia Pharmacy Association and the Canadian Association of Chain Drug Stores. Through this process we intend to ensure the savings expected from the Agreement are realized for the provincial health system and the citizens of British Columbia.

While all possible solutions are on the table for discussion with pharmacy, we remain committed both to full disclosure of negotiations and to continued consultation with CGPA as we work through these issues of mutual interest and importance.

Regards,

John Bethel
Chief Administrative Officer
Ministry of Health



October 25, 2011

John Bethel
Chief Administrative Officer
Health System Planning Division
Ministry of Health
1515 Blanshard Street
Vancouver, B.C. V8W 3C8

Dear Mr. Bethel:

I am writing further to recent discussions we have had with the Ministry of Health about reimbursement policies for dispensing generic drugs that are not priced at the standard listing price set by the Pharmaceutical Services Division (often referred to as "exception products")

As you know, British Columbia currently has a Maximum Allowable List Price (MALP) of 40 percent of brand cost, which will drop to 35 percent as of April 1, 2012. However, British Columbia reimburses pharmacists at higher prices where no manufacturer made a price proposal to list the product at British Columbia's MALP.

Recently, the CGPA learned of a proposal made to your officials that B.C. should implement measures to attempt to reduce the number of exception products. We further understand that there has been discussion about the prospect of British Columbia tendering for products that are currently subject to exception prices.

The CGPA has previously shared with you its analysis of the 404 products where British Columbia accepted an exception price during the round one reimbursement reductions (October 2010 to June 2011). In particular, CGPA undertook a comparison between exception prices in B.C. and those under the ODB formulary in Ontario and the formulary in Quebec. The comparisons show that of the 404 products where British Columbia provided an exception, a direct price comparison could be made in respect of 377 products that are also listed on either the ODB formulary in Ontario or the Quebec formulary. The analysis showed that the significant majority of products are priced at the same level in British Columbia as in Ontario and Quebec. For those products where the price is higher in British Columbia, the price difference is marginal.

There are several compelling reasons why British Columbia, Ontario and Quebec, the three largest formularies in the country, pay exception prices for long-standing products that are higher than the standard listing price. There are also compelling reasons why all provinces should adopt policies which provide incentives to generic manufacturers that are the first to launch generic products.

.../2

Tendering

We must reiterate with you our companies' strongly-held view that the use of tendering by British Columbia or other provinces will, inevitably, kill the goose that lays the golden eggs. British Columbia and all other provinces must provide adequate incentives and market place stability for generic pharmaceutical manufacturers to make the sizeable investments, and undertake the significant risks, required to bring cost-saving generic products to market.

Fully seven of the 10 top-selling generic drugs in Canada came to market through generic drug companies challenging patents which the Canadian courts determined were invalid or non-infringed. This litigation by generic drug companies is saving Canadians an additional \$22 billion by allowing generic products to enter the market earlier rather than waiting for patents to expire without challenge. It is estimated that early generic launches of these products due to successful litigation saves all British Columbia payers approximately \$2.8 billion.

In the absence of such litigation, brand-name pharmaceutical companies would be encouraged to game the patent system to delay generic entry, leading to additional expenditures of billions of dollars for prescription medicines. Supplementary patents are becoming extremely common, and the average blockbuster drug in Canada is now protected by many patents.

The ability of generic manufacturers to make the investments and take the risks to bring new products to market depends in large measure on being certain that all their products, including exception products, continue to be listed on formularies promptly and at prices that provide proper incentives. Once British Columbia or other provinces remove this certainty, companies may be compelled to make business decisions not to make the investments in new generic products or, in the alternative, to settle litigation by agreeing to delay market entry for years.

In conclusion, the CGPA urges the government of British Columbia to be very cautious in its approach to its policy around exception products and to fully consult with the CGPA before taking any measures. The CGPA does not believe that tendering of exception products will assist the government in reaching its cost savings objectives. Indeed, implementing tendering would destabilize the industry with huge unintended consequences.

The CGPA appreciates our ongoing constructive relationship and discussions with you and the senior staff within the Pharmaceutical Services Division. Should you wish to discuss any of the issues raised in this letter, please do not hesitate to contact me.

Yours truly,

Jim Keon
President



cc: CGPA Executive Committee



OCT. 18, 2011

CGPA CALL

AKSO, CONFIRM

RE: OCT. 25 MINISTER/
RXTD

- Bob Nonly (JB in Van.)
- Material?
- (IBN - S/R to draft?)

Molt Update

- Molt won't take risk for exceptions
- Ph needs to find the \$10M
- Ph wants us to take exceptions
strong action on
- Molt needs Ph to guarantee the money
- Train Ph needs to discuss this year

CGPA - EXCEPTIONS

- Lightning Rod - Exceptions Products
- Companies are intractable
- rather discuss Multi-source decreases
but must have controls

WF DO
INFO NOW
FOR
LTD
Meeting

Right to Appeal?

(now)

→ Ph will probably support Tendering
or anything else to get Exceptions Down.

CGIA - Suggestions / Questions

① Some products - still significant sales for brand
even though generics exist

we have a
deal here.
Can't say so.

Clozapine - Schizophrenia. Lobby groups
- Teach patients to switch

// Save \$1.4M if use only generic.
if reimburse @ Generic Price

② List of potential product launches 2012/13

- If Generic comes to market, we
reimburse @ generic price

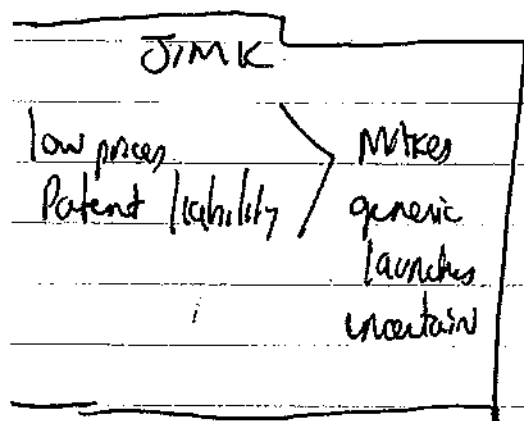
- If they don't, we reimburse @ brand

CGIA feels ^{all} ~~the~~ projections of generic
launches are conservative.



Dennis
Chan

we apply difference when
new generics come on



Take it @ 50% of brand
if generic comes in @ 40% -

the delta is applied to
PSA savings.

only factor in those that
are really really certain

CGPA can't

③

- - Pharmacy 8% mark up
- Generics pay 5% dis'n to wholesalers

Rebates are prob higher where there
is more competition

④

Will be getting a letter RE EXCEPTIONS
- under pressure from big mfg's

OCT. 31²⁰¹¹ TO OCT 28 PSA / Pharmacy Meeting

Land - John's Participant #. ? - Wrong # went on
Participants: S15, S17

PH Solution TO 2012/13 \$45M

~~2008/09~~

LISTING FEE

- Changing listing agreement as of April 1, 2012
- retroactively to get money back from (\$35M) this year

Jim Kean - seems complicated vs just lowering prices

- Gov't will still be critical for Washington prices then ON
- cautious as they still see pressure on price.
- Generally prefer to have a uniform price - public / private.

Don C -

Contemplate saying to PH.
corresponding deal / agree for PH
not to take rebates (?)

- issue of Disin Fee?

3325%

02.31 Con't

J/B - PH Says they've done the whole system for two years

- plus making them guarantee Exceptions

① Removal of Dist'n Fees off the table at this time.

Jim K. - will go back to companies

① Remove price ceiling from planners?

② IMPOSE LISTING Fee?

J/B - CHN Generics stop paying 5% Dist'n to ~~the~~ Wholesaler

= could be collusion if done as an industry
= lose business if done individually

Jim - like to see this cost transferred to Pharmacy.

BOB N - about if we changed agreement w/ MNCB to say they weren't to pay that fee

- PH just adds to Rebate demands

QC - only pays ~~price~~ of it Ph actually
pays ~~price~~ cost
- also control Related at
same time

Jim/Dean to take back to members

~~CGPA~~ CGPA wants to hold firm so they can
invest in early entry of Generics

JAN 23, 2012

121 new cat

CEPA

54 new cat

Jim Keon

67 previously not met

Dem Crawford

now do not

68% of cat's are exception

J/B - INFO - Planning to individual pharmacists
this is a problem

JB - Pharmacy proposal

UPDATES: After notification - Pharmacy
came up w/ another proposal

- Minister's call - for consideration

Extend term - 24M

Bring price down to ON
PLAN BY FEB 15

Bob/Mitch to discuss w/ Pharmacy

30 - 2013/14

25% - 2014/15

JRB-

Minsky made it clear for
consider it a failure

- BAR is RAISED for any new proposal

MTCOA

Ph was short \$36M (prev. fiscal year)

review of
ph. deal

- increased overhead 8.5% - 12%

- Clinical Service - \$25 - 15 M (10)

- & DISP fee increase

+

Jim K.

- TIMING original to MARCH 2013

- extension involving lower generic prices

- all parties to co-operate

- DID NOT LIKE PTA blamed them
for the problems in last agreement

DEAN

- entirely new Minister
wants to go down to 25%

JRB

Yes

- Any discussion about difficulty of
going to 25?

J/B =

need collaborative approach if
we are going to look at new
approach

Jim K.

- new info - 1st time hearing
PC wants to go to 25% from 85%
- any discussion of Prof Allowances

Bob N

- PH said they want to work w/ us
They went ~~away~~ away and will
come back

Jim K

PH cannot guarantee what price
Generics will sell their product
for.

- need to be part of discussion

J/B

- always were going to go
there

- Market rate is toward ON #1

Jim K

- lot of things in deal w/ ON + PC
prices negotiated w/ Generics, not
Pharmacy



Don - CBPP don't like their prices negotiated by Pharmacy

= they want control of price negotiating

J/B

- We (Gov't) only pay \$ to Pharmacy.

- We are walking down the ROAD featured by PH proposal

- IF ^{Gov't.} legislated, will be looking at price of generics from all levels

Bob

- ENABLING LEG. IS A GIVEN
Regulations etc depending on what happens w/ current discussion

Don

C

- whole new ball game (going to 28%)

CBOS will want to meet w/ us

CBOS want call w/ MDJ

going past just sm/don will need to talk to CBOS directly.

dB

MID FEB -

DECISION TO BE MADE

Jim K

GOING past MM B IS all new

Bob -

LCA Run #3

697/1026
ARE NOW
~~EXCEPTIONS~~ | - preliminary work
- EXCEPTIONS ARE NOW 68%
- 68%
- SOME EXCEPTION PRICES ARE
GOING UP (was X before,
now X + 5% or so)

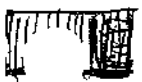
Jim K

ON 25% on Range of products

35% non-solid products

Bob -

get these # out in public domain
this would help -



CGPA

FEB 2, 2012

~~STAN/AAH~~ Jim Keon - updated their Co's Re
MDJ statements • not to
their sales level

- Some Proposals Developed

- impact of BC on other Provinces

- CGPA CEOs meeting week from (Feb 9) to Matt ^{then input}

JB: Final proposal from Ph Feb 9

Final decision made by Cabinet

JB: Ph cannot commit Generics to a
specific price

they want Ministers to hear from
their members

- I* on/ac prices - need
similar systems

Bob N / ①

How Does
BC Deal
Impact ON/OC
12

ON + OC - despite controls
Money is flowing out

ON made deal based on 25%
fair price if controls

IF BC gets same price w/
NO controls
ON may go lower

IS \$ CGPA ②

a proposal
in a different
way?

→ Are we considering 'Best
Available Price'

→ ~~FOR THE~~ MARCH 31 is end of deal

- affecting
possibility

or
just
reaction
to Ph
control?

DEAN

Need to consult w/
EXEC Can only do
this Feb 9.

Jim K - all discussion so far about previous does

③

- now we are discussing 2 more yrs
and ON + OC prices

~~Dean~~

Feb 9

- Final Ph

D/C

- beg starts 14th

Cabinet

- Feb 15th

Jim K

- What is Ph proposing?

- making Recs that commit
CGPA member to lower their prices

Joan B

-

CGPA CEOs could be
talking to PH.

- we may know more
following today

- CGPA will get a chance
to have their say

- their concerns will be
shown as an issue

Bob

Ph will be responsible for delivery
(i.e. working w/ MATCO's)

they are MAKING guarantee

Schedule call for FEB 10 or 13

FEB 10,
2012

CGPA

Jim Kew
Dean C.

Bob
Mick
~~Bob~~

Jim K - UPDATE PL

Bob N - Met at Ph Feb 9

JB
W.

→ Ph tabled final proposal
→ Start \$81M

Year 1 2012-13
Year 2 13-14
Year 3 14-15

PRP - Top up to
Annual \$75M savings
12-13 - 15% PRP

• Reduce Clinical Service to 75M

• Dispense fee \$10: - 10.25 \$10.55 10.70

• MARK up to increase by 1/2%

• 2012-13 same 8%
13-14 8.5
14-15 8.5

PLUS MAXIMUM SAVINGS
25% for all new PLUs (Generics)
(2012/13)

30% - 13-2014
25% - 14-2015

\$75 M.
net savings difference between 50% and new generic levels

FEB 10 CGPA Con't.

JB - - ESTIMATED AN INCREASE IN EXCEPTIONS
- PIT IS GUARANTEEING SAVINGS
- guarantee against increased exceptions
- Gov't still goes after exceptions

~~JB~~

J/K -

What will we do w/ Proposal

JB

- Summarize detail to Minors
Political decision then -
accept proposal or maybe
legislation?

J/K

- go w/ proposal if no legislation?

JB/BN

- possibly.

J/K

- no consideration for Prof. Alliance
etc.

36 11/12

45 12/13

75 13/14 ONWARD

Consent of Generics

8/16 - 25% negotiated w/ ON+OC
with whole series of related issues
PROF. Allowances & Commercial terms

① Co's would expect the SUTG if
prices went to 25%

• CBPA suggest they negotiate w/ FOR?

- Co's sign listing agreement for
MMP or Agreed Exception Price

Sim - Move of an industry level
negotiation.

~~RA/MPP/MAN~~

(Competition Board) "Regulated Price Defense"

3/16 - both new information

Went to sit down and work
out Best pricing for long term
sustainability

Worried about what BC should do

FEB 10

J/K

- BC will make impact nationally

- Difficult to agree to lower prices w/out controls

- If BC signs an agreement w/ PH → do we think Generics are hard to this?

Bch/10

- PH would have to negotiate w/ Generics

- MALP ~~prices~~ process would not change. (price lowered)

J/K

- CGPA thought there were savings in DISTN MARKUP

- PH proposal it would be going on ~~it~~

Hillebrandt, Kathie A HLTH:EX

Subject: Stakeholder Meeting - CGPA
Location: #2200, 1055 West Hastings Street, Vancouver (Dean Crawford's Office) they have a boardroom we can use.
Start: Mon 2011-02-14 12:30 PM
End: Mon 2011-02-14 2:30 PM
Show Time As: Out of Office
Recurrence: (none)
Meeting Status: Meeting organizer
Organizer: Bethel, John HLTH:EX
Required Attendees: Turnquist, Woodrow HLTH:EX; Nakagawa, Bob HLTH:EX
Optional Attendees: Mochrie, Paul HLTH:EX



02 07 11 BC CETA 02 07 11 CETA
Paper rls_FIN... Economic Impact ..

(Kathie – as meeting organizer, can you also drop agenda topics and materials attached into the calendar invitation?)

John, Bob, Paul:

Following from Dean Crawford:

Attending: Dean in person; Jim Keon by teleconference

CGPA agenda topics:

1. Continued discussion regarding *Pharmacy Services Agreement* issues;
2. Discussion re: Canada/EU Comprehensive Economic Trade Agreement and *Economic Impact Assessment of proposed Pharmaceutical Intellectual Property Provisions* report forwarded by Dean February 4

Materials: (both attached here)

- *Economic Impact Assessment of proposed Pharmaceutical Intellectual Property Provisions* report
- BC' Comprehensive Economic Trade Agreement release

Woodrow (Woody) Turnquist
A/Director
Stakeholder Relations Branch
Transformation & Productivity Division
BC Ministry of Health Services
Tel: 250 952 3017

Cell: 250 217 7617
Woody.Turnquist@gov.bc.ca



For immediate release

NEW STUDY: PROPOSALS IN CANADA-EU TRADE NEGOTIATIONS WOULD ADD \$249 MILLION ANNUALLY TO BC'S PRESCRIPTION DRUG BILL

Proposals would wipe out majority of savings from BC Government's drug plan reforms

Toronto, February 7, 2011 – Changes to Canada's drug patent system proposed by the European Union (EU) would add \$249-million annually to British Columbia's prescription drug bill, according to a new study by two of Canada's top academics on pharmaceutical policy.

The study, *The Canada-European Union Comprehensive Economic & Trade Agreement: An Economic Impact Assessment of Proposed Pharmaceutical Intellectual Property Provisions*, was authored by Professor Aidan Hollis of the Department of Economics at the University of Calgary and Paul Grootendorst from the University of Toronto's Faculty of Pharmacy. The study was commissioned and released today by the Canadian Generic Pharmaceutical Association (CGPA).

Canada and the EU are currently in negotiations for a comprehensive economic and trade agreement (CETA), which International Trade Minister Peter Van Loan hopes to conclude before the end of 2011. As part of these negotiations, the EU has tabled proposals that would considerably lengthen the period of market exclusivity for brand-name drugs in Canada and, according to the authors of the study released today, would provide "the most extensive structural protection for innovative drugs of any country in the world."

The study's key finding is that Canadian payers, such as the federal government, provincial governments, businesses and patients "would face substantially higher drug costs as exclusivity is extended on top-selling prescription drugs, with the annual increase in costs likely to be approximately \$2.8-billion per year." Of that \$2.8-billion in additional annual costs, approximately \$249-million would be borne by the British Columbia government, employers that sponsor drug plans for their employees and BC patients.

On July 9, 2010, the Government of British Columbia announced reforms to reduce costs for the government's drug benefit plan as well as employer-sponsored drug plans and BC residents that pay for their prescriptions out-of-pocket. In the government's new release, it estimated savings of up to \$380-million annually.

"Today's study shows that the majority of the expected savings for public and private drug plans through the BC government's reforms would be wiped out if the EU's proposals are implemented," said Jim Keon, President of the Canadian Generic Pharmaceutical Association (CGPA). "Those savings were supposed to help preserve and enhance BC's health-care system, not increase profits for brand-name drug companies."

Importantly, the study reveals that the EU's proposed changes would not lead to a substantial increase in investment by brand-name drug companies in Canada. "The purpose of exclusivity rights granted to innovators is to create an incentive for research and development investments into new drugs. However, the amount of additional investment in pharmaceutical innovation that would result from the EU's proposed pharmaceutical IP provisions would be a small fraction of the additional costs to Canadians."

(more)

Keon pointed out that pharmaceuticals are one of the EU's top exports to Canada, comprising 15.6 percent of total exports with a value of more than \$5 billion annually.

"The generic pharmaceutical industry supports the Government of Canada's efforts to increase trade with other jurisdictions," said Keon. "The pharmaceutical intellectual property proposals tabled by the EU, however, will not eliminate trade barriers, as pharmaceutical products from the EU already have unfettered access to the Canadian market. These proposals will simply increase profits for brand-name drug companies at the expense of Canada's health-care system."

To view the full report, please visit www.canadiangenerics.ca

About the Canadian Generic Pharmaceutical Association

The Canadian Generic Pharmaceutical Association (CGPA) represents Canada's generic pharmaceutical industry. The industry plays an important role in controlling health-care costs in Canada. Generic drugs are dispensed to fill 57 per cent of all prescriptions but account for only 25 per cent of the \$23-billion Canadians spend annually on prescription medicines.

For more information, please contact:

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